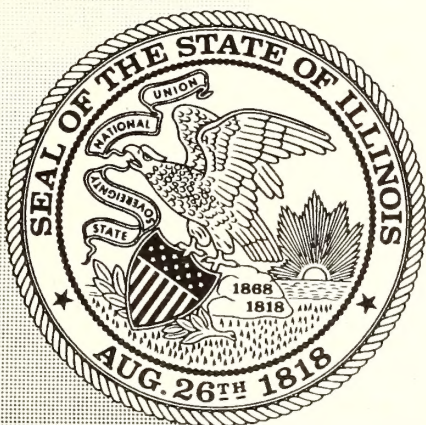


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A21

Scott Livingston



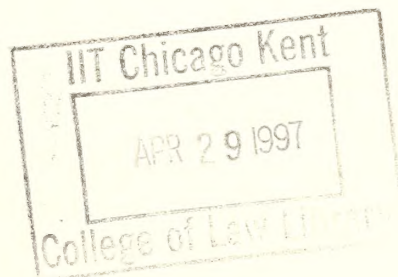
1997

Illinois Register

Rules of Governmental Agencies

Volume 21, Issue 17 — April 25, 1997

Pages 5006 - 5391



Index Department
Administrative Code Div.
111 East Monroe Street
Springfield, IL 62756
(217) 782-7017
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George H. Ryan
Secretary of State

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June 24, 1997	July 01, 1997	27	July 7, 1997*	Dec. 30, 1997	Jan. 6, 1998	2	Jan. 9, 1998

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

* Monday

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Placement and Visitation Services

2) Code Citation: 89 Ill. Adm. Code 301

3) Section Numbers: Proposed Action:
301.80 Amendment

4) Statutory Authority: Implementing and authorized by the Children and Family Services Act [20 ILCS 505]; Section 3-6-2(g) of the Unified Code of Corrections [730 ILCS 5/3-6-2(g)]; Section 1-103 of the Illinois Alcoholism and Dangerous Drug Dependency Act [20 ILCS 305/1-103]; the Adoption Assistance and Child Welfare Act of 1980 (42 U.S.C.A. 670 et seq.); 45 CFR 1356.40 and 1356.41; the Juvenile Court Act of 1987 [705 ILCS 405]; and the Adoption Act [750 ILCS 50].

5) A Complete Description of the Subjects and Issues Involved: The Department is amending this Part to require that relatives, with whom the Department places children for which it is legally responsible, authorize a check of the Statewide Child Sex Offender Registry as part of background checks and to delete a requirement that relatives complete an application for Aid to Families with Dependent Children (AFDC) as a condition of placement funding.

6) Will this proposed amendment replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief
Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe, Station # 65
Springfield, IL 62701-1498
217/524-1983
217/524-3715

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: This rulemaking does not affect small businesses.

B) Reporting, bookkeeping or other procedures required for compliance: Not applicable.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: The need for the rulemaking was not anticipated at the time of the last two regulatory agendas.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
 CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 SUBCHAPTER a: SERVICE DELIVERY

PART 301

PLACEMENT AND VISITATION SERVICES

Section	Purpose (Renumbered)
301.1	Definition (Repealed)
301.2	Foster Care Placement Goal (Renumbered)
301.4	Plans to Achieve This Goal (Renumbered)

SUBPART A: PLACEMENT SERVICES

Section	Purpose
301.10	Definitions
301.20	Introduction
301.30	Legal Authority to Place
301.40	Emergency Placement
301.50	Placement Selection Criteria
301.60	Sibling Placement
301.70	Relative Home Placement
301.80	Foster Family Home Care
301.90	Residential Care
301.100	Care in a Medical/Psychiatric Facility
301.110	Sharing Appropriate Information with the Caregiver
301.120	Medical Examinations for Children in Placement
301.130	Education of Children While in Placement
301.140	

SUBPART B: VISITATION SERVICES

Section	Purpose
301.200	Family-Child Visitation
301.210	Sibling Visitation
301.220	Contact Among Siblings Placed Apart
301.230	Grandparents Visitation
301.240	

SUBPART C: FOSTER CARE PLACEMENT GOAL

Section	Purpose
301.310	Foster Care Placement Goal
301.320	Plans to Achieve This Goal
301.330	Criminal Convictions which Prevent Placement of Children with Relatives

APPENDIX A
 Criminal Convictions which Prevent Placement of Children with Relatives

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by the Children and Family Services Act [20 ILCS 505]; Section 3-6-2(g) of the Unified Code of Corrections [730 ILCS 5/3-6-2(g)]; Section 1-103 of the Illinois Alcoholism and Dangerous Drug Dependency Act [20 ILCS 305/1-103]; the Adoption Assistance and Child Welfare Act of 1980 (42 U.S.C.A. 670 et seq.); 45 CFR 1356.40 and 1356.41; the Juvenile Court Act of 1987 [705 ILCS 4051]; and the Adoption Act [750 ILCS 50].

SOURCE: Adopted and codified at 7 Ill. Reg. 881, effective January 12, 1983; amended at 9 Ill. Reg. 9904, effective July 1, 1985; amended at 19 Ill. Reg. 9438, effective July 1, 1995; emergency amendment at 20 Ill. Reg. 16735, effective February 16, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 4602, effective March 15, 1996; amended at 20 Ill. Reg. 9036, effective July 11, 1996; amended at 20 Ill. Reg. 9518, effective July 5, 1996; amended at 21 Ill. Reg. _____, effective _____.

SUBPART A: PLACEMENT SERVICES

Section 301.80 Relative Home Placement

- a) A child for whom the Department is legally responsible may be placed in the home of a relative when the Department has reason to believe that the relative can safely and adequately care for the child in the absence of formal licensing, including training. In determining whether relative home placement is in the best interests of the child, the placing worker shall consider the child's prior relationship with the relative, the comfort level of the child with the relative, and the extent to which the relative complies with the placement selection criteria of Section 301.60(b).
- b) No child under age 18 for whom the Department is legally responsible shall be placed with a relative unless the conditions for placement specified in this Section have been met prior to placement of the child with the relative. Staff of the placing agency shall meet with the relative and ascertain that the relative meets the following conditions for placement and signs an agreement to that effect. The relative:
 - 1) will care for no more than the number of children consistent with the number and ages of children permitted in a licensed foster family home (89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes);
 - 2) is willing and capable of protecting the child(ren) from harm by the parent(s) or any other person whose actions or inactions allegedly threatened the child(ren)'s safety or well-being as determined by a child abuse or neglect investigation pursuant to the Abused and Neglected Child Reporting Act [325 ILCS 5];
 - 3) agrees not to transfer physical custody of the child(ren) to anyone, including parent(s) or other relative(s), unless previously authorized in writing by the Department;
 - 4) agrees not to allow the indicated or alleged perpetrators of

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

abuse or neglect to reside in the relative's home unless previously authorized in writing by the Department;

5) agrees to notify the Department of any changes in the household composition;

6) agrees to notify the Department of any change of address;

7) agrees to seek the prior written consent of the Department for non-emergency medical, psychological, or psychiatric testing or treatment;

8) agrees to take the child(ren) out of state only if previously authorized in writing by the Department;

9) agrees to abide by any conditions or limitations on the parent-child visitation plan which have been imposed by the court or are contained in the client service plan;

10) is willing to cooperate with the agency, the child(ren)'s parent(s) and other resource persons to help develop and achieve the permanency goal recorded in the child(ren)'s service plan; and

11) agrees to adequately supervise the children so they are not left in situations or circumstances which are likely to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate.

c) Prior to placement with a relative, staff of the placing agency shall visit the home of the proposed caregiver and shall determine whether the following conditions for placement are met:

1) background checks of the Child Abuse Neglect Tracking System (CANTS) as required by 89 Ill. Adm. Code 385 (Background Checks) and a check of the Statewide Child Sex Offender Registry have been completed on all adult members of the household and children age 13 and over, communicated to the supervising agency prior to placement, and appropriate decisions made. If a report of abuse or neglect exists, staff of the placing agency have made appropriate decisions whether the child should be placed with the relative based on the following considerations:

A) the type of indicated abuse and neglect;
B) the age of the individual at the time of the report;
C) the length of time that has elapsed since the most recent indicated report;
D) the relationship of the report to the ability to care for the related children; and
E) evidence of successful parenting.

2) a check of the Law Enforcement Agency Data System (LEADS) on all adult members of the household is completed prior to placement of the related child(ren). If the results of the LEADS check identify prior criminal convictions listed in Appendix A of 89 Ill. Adm. Code 301, Placement and Visitation Services, for any adult member of the household, child(ren) shall not be placed in the relative's home unless a waiver has been granted in

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

accordance with the requirements of Appendix A of this Part;

3) the home is free from observable hazards;
4) prescription and non-prescription drugs, dangerous household supplies, dangerous tools, weapons, guns and ammunition are stored in places inaccessible to children;

5) basic utilities -- water, heat, electricity -- are in operation;
6) sleeping arrangements are suitable to the age and sex of the child(ren);

7) meals can be provided daily to the related child(ren) in sufficient quantities to meet the child(ren)'s nutritional needs;
8) supervision of the related child(ren) can be assured at all times including times when the relative is employed or otherwise engaged in activity outside of the home;

9) the relative can provide basic necessities for themselves and their own child(ren);

10) the relative can access health care and provide necessary in-home support for any health care needs of the related child(ren);

11) no member of the household appears to have a communicable disease which could pose a threat to the health of the related child(ren) or an emotional or physical impairment which could affect the ability of the caregiver to provide routine daily care to the related child(ren) or to evacuate them safely in an emergency;

12) there is no evidence of current drug or alcohol abuse by any household member as determined by the placing agency's observations and statements provided by the relative;

13) the relative has the ability to contact the agency, if necessary, and the ability to be contacted;

14) the relative has immediate access to a telephone when the related child has medical or other special needs;

15) the relative shall cooperate with the supervising agency's educational and service plan for the child, and

16) the relative shall cooperate with the requirements for obtaining financial support for the care of the child including, if the relative is unemployed, completing the Aid to Families with Dependent Children (AFDC) application and eligibility determination process, if the relative fails to complete the AFDC application and eligibility determination process within 90 days after the date the child was placed with the relative; the relative will receive no payment from the Department in such cases; the supervising agency shall reassess the continued suitability of the relative's home.

d) Prior to or concurrent with placement in a relative's home, staff of the placing agency shall document, on the form prescribed by the Department, that the conditions for placement prescribed by this Section have been met.

e) The supervising agency shall reassess the appropriateness of the relative home placement on an on-going basis and at least prior to each administrative case review or at any point the supervising agency

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

has reason to believe the relative caregiver can no longer safely or adequately care for the child(ren). Appropriateness is determined by the extent to which the home is in compliance with the conditions described in subsections (b) and (c) above and by an evaluation of the continued safety of the children, including an evaluation of any pending criminal charges against any adult members of the household.

f) The Department may, after providing notice as required by 89 Ill. Adm. Code 337, Service Appeal Process, move the child to another placement if the Department determines, based on the continuing safety and well-being of the child, the child's permanency goal, and the best interests or special needs of the child, that an alternative placement is necessary.

g) Only placements in licensed foster family homes receive the foster care payment rate. Relatives who care for children for whom the Department is legally responsible may, but need not, apply for licensure as a foster family home in accordance with the requirements of 89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes. When a relative is licensed under Part 402, the relative will receive the established foster care payment rate appropriate for the number and ages of foster children placed in care. Relatives who are unlicensed receive the child only standard of need.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: National Affordable Housing Act (HOME) Program

2) Code Citation: 47 Ill. Adm. Code 370

3) Section Numbers:

370.101	Repeal
370.102	Repeal
370.103	Repeal
370.104	Repeal
370.105	Repeal
370.106	Repeal
370.107	Repeal
370.108	Repeal
370.109	Repeal
370.110	Repeal
370.111	Repeal
370.112	Repeal
370.113	Repeal
370.201	Repeal
370.202	Repeal
370.203	Repeal
370.204	Repeal
370.205	Repeal
370.206	Repeal
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370.211	Repeal
370.212	Repeal
370.301	Repeal
370.302	Repeal
370.303	Repeal
370.304	Repeal
370.305	Repeal
370.401	Repeal
370.402	Repeal
370.501	Repeal
370.502	Repeal
370.503	Repeal
370.504	Repeal
370.505	Repeal
370.506	Repeal
370.507	Repeal
370.508	Repeal
370.601	Repeal
370.602	Repeal
370.603	Repeal

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED REPEALER

370.604 Repeal
 370.605 Repeal
 370.701 Repeal
 370.702 Repeal
 370.703 Repeal
 370.704 Repeal
 370.705 Repeal
 370.706 Repeal
 370.707 Repeal
 370.801 Repeal
 370.802 Repeal
 370.901 Repeal
 370.902 Repeal
 370.903 Repeal
 370.904 Repeal
 370.1001 Repeal
 370.1002 Repeal
 370.1003 Repeal
 370.1004 Repeal
 370.1005 Repeal
 370.1006 Repeal
 370.1007 Repeal
 370.1101 Repeal

4) Statutory Authority: Title II of the National Affordable Housing Act of 1990 (the "HOME Act") (42 U.S.C. Section 12701 et seq.) and the regulations promulgated thereunder (24 CFR Part 92) and authorized by Sections 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act (20 ILCS 3805/7.19, 7.24(a) and /7.25).

5) A Complete Description of the Subjects and Issues Involved: This proposed repealer establishes the procedures for operating the program established by the Authority to distribute funds allocated to the State of Illinois under the HOME Act (the "HOME Program"). The HOME Program administers these funds for loans and grants used in connection with the acquisition, construction, rehabilitation, development and operation of single family and multi-family housing for, or providing rental assistance to, low- and very-low income households and families.

6) Will this rulemaking replace any emergency rulemaking currently in effect?
Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? Yes

9) Are there any other proposed rulemakings pending on this Part? No

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED REPEALER

10) Statement of Statewide Policy Objectives: This proposed rulemaking implements a statewide program that creates and retains affordable housing for low- and very-low income persons and families.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested parties may submit comments, data, views or arguments concerning this rulemaking in writing to:

Crystal S. Maher, Esq.
 401 N. Michigan Ave., Suite 900
 Chicago, Illinois 60611
 312/836-5200

The Authority will consider all written comments received at the above address within 45 days after the date of publication of this *Illinois Register*.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: The proposed repealer will have a favorable impact on small to midsize real estate developers and contractors.

B) Reporting, bookkeeping or other procedures required for compliance:
No new requirements.

C) Types of professional skills necessary for compliance: No new professional skills needed.

13) Regulatory Agenda on which this rulemaking was summarized: January 1997

The full text of the proposed repealer is identical to that of the emergency repealer and begins on the page _____.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED RULE

- 1) Heading of the Part: National Affordable Housing Act (HOME) Program
- 2) Code Citation: 47 Ill. Adm. Code 371
- 3) Section Numbers: Proposed Action:
371.10 New
371.20 New
- 4) Statutory Authority: Title II of the National Affordable Housing Act of 1990 (the "HOME Act") (42 U.S.C. Section 12701 et seq.) and the regulations promulgated thereunder (24 CFR Part 92) and are authorized by Sections 7.2, 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act (20 ILCS 3805/7.2, 7.19, 7.24(a) and 7.25)
- 5) A Complete Description of the Subjects and Issues Involved: These proposed rules establish the procedures for operating the program established by the Authority to distribute funds allocated to the State of Illinois under the HOME Act (the "HOME Program"). The HOME Program administers these funds for loans and grants used in connection with the acquisition, construction, rehabilitation, development and operation of single family and multifamily housing for, or providing rental assistance to, low- and very-low income households and families.

- 6) Will this rulemaking replace any emergency rulemaking currently in effect?
Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain incorporations by reference? Yes
- 9) Are there any other proposed rulemakings pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This proposed rulemaking does not create a State Mandate.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested parties may submit comments, data, views or arguments concerning this rulemaking in writing to:

Crystal S. Maher, Esq.
401 N. Michigan Ave., Suite 900
Chicago, IL 60611
312/836-5200

The Authority will consider all written comments received at the above address within 45 days after the date of publication of this *Illinois Register*.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED RULE

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: The proposed amendment will have a favorable impact on small to midsize real estate developers and contractors.
- B) Reporting, bookkeeping or other procedures required for compliance:
No new requirements.
- C) Types of professional skills necessary for compliance: No new professional skills needed.

13) Regulatory Agenda on which this rulemaking was summarized: January 1997

The full text of these Proposed Rules are identical to that of the Emergency Rules beginning on page of this issue:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Water Well Construction Code
- 2) Code Citation: 77 Ill. Adm. Code 920
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
920.10	Amendment
920.15	Amendment
920.30	Amendment
920.40	Amendment
920.60	Amendment
920.70	Amendment
920.80	Amendment
920.90	Amendment
920.100	Amendment
920.120	Amendment
920.130	Amendment
920.180	Amendment
920.Illustration A	Renumbered
920.Illustration B	Renumbered
920.Illustration C	Amendment
920.Illustration D	Amendment
920.Illustration E	Amendment
920.Illustration F	Renumbered
920.Illustration G	Renumbered
920.Illustration H	Renumbered
920.Illustration I	Renumbered
920.Illustration J	New
920.Illustration K	New
920.Illustration L	New

- 4) Statutory Authority: Illinois Water Well Construction Act [415 ILCS 30]

- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking adopts the latest industry standards, clarifies existing rules and updates illustrations to correspond with changes in rules. Specifically, the rulemaking will make the following changes:

Section 920.40. Adds requirements for well vents to be consistent with the Water Well Pump Installation Code (77 Ill. Adm. Code 925).

Section 920.60. Amends requirements for drilled wells constructed in unconsolidated formations.

Section 920.70. Deletes plastic casing installation requirements that do not pertain to rock wells.

Section 920.80. Amends requirements for bored well construction with buried slabs by specifying casing joints to be made in accordance with

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Section 920.90(c) and adds the requirement that a bentonite seal be installed over the buried slab. Amends casing and drop requirements for driven wells.

Section 920.90. Moves the requirements for plastic water well casing installations from Section 920.70 to Section 920.90 for purposes of clarification.

Section 920.100. Clarifies requirements for upper terminals to be consistent with the Water Well Pump Installation Code.

Section 920.120. Amends water well sealing requirements by deleting a redundant provision. Requires casing of abandoned wells to be removed 2 feet instead of 3 feet below grade. Allows casing to remain in place in locations where casing terminates in a building floor.

Section 920.130. Amends water well permit application requirements.

Section 920.180. Amends construction and abandonment requirements for closed-loop wells.

Section 920.Illustration A. Clarifies requirements for drilled wells with oversized drill holes in unconsolidated formations, in accordance with Section 920.60.

Section 920.Illustration B. Clarifies requirements for drilled wells with mechanically driven casing in unconsolidated formations, in accordance with Section 920.60.

Section 920.Illustration C. Clarifies requirements for drilled wells in unconsolidated formations utilizing gravel wall construction, in accordance with Section 920.60.

Section 920.Illustration D. Clarifies requirements for drilled water wells constructed in creviced formations, with earth cover less than 30 feet thick, in accordance with Section 920.70.

Section 920.Illustration E. Clarifies requirements for drilled wells in creviced formations, with earth cover over 30 feet thick, in accordance with Section 920.70.

Section 920.Illustration F. Clarifies requirements for drilled wells with mechanically driven casing in creviced formations, in accordance with Section 920.70.

Section 920.Illustration G. Clarifies requirements for bored wells not finished with buried slab, in accordance with Section 920.80.

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Section 920.Illustration H. Clarifies requirements for bored wells with buried slab construction, in accordance with Section 920.80.

Section 920.Illustration I. Clarifies requirements for driven wells, in accordance with Section 920.80.

Section 920.Illustration J. Clarifies the sealing of abandoned wells extending into creviced formations, in accordance with Section 920.120.

Section 920.Illustration K. Clarifies the sealing of abandoned dug or bored wells, in accordance with Section 920.120.

Section 920.Illustration L. Clarifies the sealing of abandoned wells extending into more than one water bearing formation.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain any Incorporations by Reference? Yes

9) Are there any Other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking will not require expenditures on the part of any unit of local government.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

Gail M. DeVito
Division of Governmental Affairs
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, IL 62761
(217)782-6187

These rules may have an impact on small businesses. Any small business commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For-Profit Corporations Affected: Water Well Drillers.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:

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None.

C) Types of Professional Skills Necessary for Compliance: Water well driller's license.

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: The need for this rulemaking was not anticipated at the time the two most recent regulatory agendas were filed.

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER 1: WATER AND SEWAGE

PART 920
ILLINOIS WATER WELL CONSTRUCTION CODE

Section	Definitions
920.10	Incorporated or Referenced Materials
920.15	Scope
920.20	General Requirements
920.30	Design Factors
920.40	Location
920.50	Drilled Wells in Unconsolidated Formations
920.60	Drilled Well Construction in Consolidated Formations
920.70	Special Type Wells
920.80	Construction Materials and Other Requirements
920.90	Finishing and Testing
920.100	Modification of Wells
920.110	Abandoned Wells
920.120	Permit Requirements
920.130	Administrative Hearings
920.140	Designation of Agents of the Department
920.150	Issuance of Water Well Permits by Units of Local Government or Local Health Departments
920.160	Monitoring Wells
920.170	Closed-Loop Wells
920.180	Assurance of Potable Water Supply
920.190	Steel Casing and Liner Pipe Weights and Dimensions
TABLE A	Plastic Casing and Liner Pipe Specifications
TABLE B	Unconsolidated Formations: Oversized Drill Hole with Non-Stable-Overburden
ILLUSTRATION A	Unconsolidated Formations: Mechanically Driven Casing with Stable-Overburden
ILLUSTRATION B	Gravel Pack Well Construction
ILLUSTRATION C	Aquifer--Below Creviced Formations: Earth Cover Less Than 30 Feet Thick
ILLUSTRATION D	Creviced Formations: Earth Mantle Cover Over 30 Feet Thick - Oversized Drill Hole
ILLUSTRATION E	Creviced Formations: Earth Cover Over 30 Feet Thick - Mechanically Driven Casing Bored-or-Bug-Well---Well
ILLUSTRATION F	Not-Finished-With-Buried-Stab Bored or Drug Well - Well Not Finished With Buried Slab
ILLUSTRATION G	Bored-or-Bug-Well---Buried-Stab-Construction Bored or Drug Well - Buried Slab Construction
ILLUSTRATION H	of-a-Driven-Well Installation of a Driven Well
ILLUSTRATION I	

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ILLUSTRATION J .Sealing an Abandoned Well - Extending into a Creviced Formation
ILLUSTRATION K Sealing an Abandoned Dug or Bored Well
ILLUSTRATION L Sealing an Abandoned Well Extending into More Than One Water Bearing Formation

AUTHORITY: Implementing and authorized by the Illinois Water Well Construction Code [415 ILCS 30].

SOURCE: Adopted September 12, 1973; amended at 2 Ill. Reg. 42, p.35, effective October 16, 1978; rules repealed, new rules adopted and codified at 7 Ill. Reg. 9633, effective August 1, 1983; amended at 12 Ill. Reg. 2990, effective January 13, 1988; amended at 13 Ill. Reg. 11796, effective July 1, 1989; amended at 14 Ill. Reg. 228, effective January 1, 1990; amended at 14 Ill. Reg. 14871, effective September 1, 1990; amended at 15 Ill. Reg. 18188, effective January 1, 1992; amended at 18 Ill. Reg. 17684, effective November 30, 1994; amended at 21 Ill. Reg. _____, effective _____.

Section 920.10 Definitions

"Abandoned Well" means a water or monitoring well which is no longer used to supply water, or which is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety.

"Act" means the Illinois Water Well Construction Code [415 ILCS 30] ~~ffff-Rev7-Stat--19917-ch--111-172-par--116-111-et-seq-7~~.

"Annular Space" means the opening between a well-hole excavation and the well casing or between a casing pipe and a liner pipe.

"Aquifer" means a water bearing formation that transmits water in sufficient quantity to supply a well.

"Bentonite Grout" means a manufactured grout product which is a mixture of sodium bentonite and water mixed at the manufacturer's recommended ratio; a mixture of granulated sodium bentonite and water which consists of a minimum of 20% solids bentonite clay and water that is equivalent to 9.4 pounds/gallon; a mixture of granulated sodium bentonite and clean drilling mud weighing a maximum of 8.6 pounds/gallon, which consists of a minimum of 20% solids bentonite clay and clean drilling mud equivalent to 9.6 pounds/gallon; or sodium bentonite in the granulated or chip form. All bentonite products shall comply with NSF requirements.

"Boring" means an excavation that is drilled, cored, driven, dug, or otherwise constructed which penetrates an aquifer or which may degrade the quality of the aquifer.

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"Cement" means a mixture consisting of cement, sand and water in the proportion of one bag of cement (94 pounds) and an equal volume of dry sand to not more than 6 gallons of clean water.

"Chemical Injection System" means any device or combination of devices having hose, pipe or other methods of conveyance which connect directly to any water well through which a mixture of water, pesticides and fertilizers are mixed or are drawn and applied to land, crops, and/or plants at agricultural, nursery, turf, golf course, or greenhouse sites.

"Clay Slurry" means a mixture of water and clay.

"Closed-Loop Well" means a sealed, watertight loop of pipe buried outside of a building foundation which is intended to recirculate a liquid solution through a heat exchanger.

"Community Water System" means a public water system which serves at least 15 service connections used by residents or regularly serves at least 25 residents for at least 60 days per year. (Section 9(a)(1) of the Illinois Groundwater Protection Act (415 ILCS 55/9(a)(1))).

"Consolidated Formation" means a geological formation which is firm such as rock.

"Construction" means all acts necessary to obtaining ground water by wells, including excavation of the well, but excluding the installation of permanent pumps and pumping equipment.

"Contaminant" means any physical, chemical, biological, or radiological substance or matter in water. (Section 9(a)(2) of the Illinois Groundwater Protection Act (415 ILCS 55/9(a)(2))).

"Department" means the Illinois Department of Public Health.

"Driven Water Well" means a well constructed by joining a drive point with lengths of pipe and then driving or jetting the assembly into the ground with percussion equipment or by hand.

"Environmental Protection Act" means the Environmental Protection Act (415 ILCS 5/1).

"Established Ground Surface" means the elevation of the ground surface at the site of the well.

"Finished Ground Surface" means the final or permanent elevation of

the ground surface at the site of the well.

"Mechanically Driven" means a procedure by which a casing is fitted with a drive shoe and driven with a force sufficient to firmly seat the casing in rock or to the desired depth in unconsolidated formations.

"Modification" means any change, replacement, or other alteration of a water well. This includes, but is not limited to deepening of a well, replacing or repairing a casing, repair or replacement of well screen, installation of a pitless adapter and any other changes of a well structure.

"Monitoring Well" means a water well intended for the purpose of determining groundwater quality or quantity.

"Neat Cement Grout" means a mixture consisting of one bag of cement (94 pounds) to not more than six gallons of clean water. Additives such as bentonite or aquajel or similar materials may be added up to 6% by dry weight to increase fluidity or to control shrinkage.

"Non-Community Water System" means a public water system which is not a community water system, and has at least 15 service connections used by nonresidents, or regularly serves 25 or more nonresident individuals daily for at least 60 days per year. (Section 9(a)(4) of the Illinois Groundwater Protection Act (415 ILCS 55/9(a)(4))).

"Pitless Adapter Unit" means a factory assembled device consisting of a pitless well adapter, a mechanism which attaches to the well casing, and a well casing riser in a single unit, for the purpose of preventing contaminations from entering the well.

"Pitless Well Adapter" means an assembly of parts which will permit water to pass through the wall of the well casing or extension thereof; provides access to the well and to the parts of the water system within the well; and provides for the transportation of the water and the protection of the well and water therein, from surface or near surface contamination. Parts or appurtenances to a pitless well adapter include, but are not limited to, the vent, the device(s) on or in the wall of the casing, and the cap or cover on top of the casing or casing extension.

"Potential Primary Source" means any unit at a facility or site not currently subject to a removal or remedial action which:

is utilized for the treatment, storage, or disposal of any hazardous or special waste (as defined in Section 3 of the

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Environmental Protection Act) not generated at the site; or

is utilized for the disposal of municipal waste not generated at the site, other than landscape waste (as defined in Section 3 of the Environmental Protection Act) and construction and demolition debris; or

is utilized for the landfilling, land treating, surface impounding or piling of any hazardous or special waste (as defined in Section 3 of the Environmental Protection Act) that is generated on the site or at other sites owned, controlled or operated by the same person; or

stores or accumulates at any time more than 75,000 pounds above ground, or more than 7,500 pounds below ground, of any hazardous substances.

(Section 3.59 of the Environmental Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-1003-59) [415 ILCS 5/3.59])

"Potential Secondary Source" means any unit at a facility or a site not currently subject to a removal or remedial action, other than a potential primary source, which:

is utilized for the landfilling, land treating, or surface impounding of waste that is generated on the site or at other sites owned, controlled or operated by the same person, other than livestock and landscape waste, and construction and demolition debris; or

stores or accumulates at any time more than 25,000 but not more than 75,000 pounds above ground, or more than 2,500 but not more than 7,500 pounds below ground, of any hazardous substances; or

stores or accumulates at any time more than 25,000 gallons above ground, or more than 500 gallons below ground, of petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance; or

stores or accumulates pesticides, fertilizers, or road oils for purposes of commercial application or for distribution to retail sales outlets; or stores or accumulates at any time more than 50,000 pounds of any de-icing agent; or

is utilized for handling livestock waste or for treating domestic wastewaters other than private sewage disposal systems as defined in the Private Sewage Disposal Licensing Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-116-30) [225 ILCS 225].

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(Section 3.60 of the Environmental Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-1003-60) [415 ILCS 5/3.60])

"Potential Route" means abandoned and improperly plugged wells of all kinds, (i.e., those wells not plugged in accordance with the provisions of this Part) drainage wells, all injection wells, including closed loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel. (Section 3.58 of the Environmental Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-1003-58) [415 ILCS 5/3.58])

"Pressure Grouting" means the placement of grout by a method using positive pressure.

"Private Water System" means any supply which provides water for drinking, culinary, and sanitary purposes and serves an owner-occupied single family dwelling. (Section 9(a)(5) of the Illinois Groundwater Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-7459(a)(5)) [415 ILCS 55/9(a)(5)])

"Public Water System" means a system for the provision to the public of piped water for human consumption, if the system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days per year. The term "public water system" includes any collection, treatment, storage or distribution facilities under control of the operator of such system and used primarily in connection with such system and any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system. (Section 9(a)(6) of the Illinois Groundwater Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-7459(a)(6)) [415 ILCS 55/9(a)(6)])

"Pumping Water Level" means the elevation of the water surface in a well when water is discharged by pumping.

"Semi-Private Water System" means a water supply which is not a public water system, yet which serves a segment of the public other than an owner-occupied single family dwelling. (Section 9(a)(7) of the Illinois Groundwater Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-7459(a)(7)) [415 ILCS 55/9(a)(7)])

"Site" means any location, place, tract of land, and facilities, including but not limited to buildings, and improvements used for purposes subject to regulation under the Environmental Protection Act. (Section 3.43 of the Environmental Protection Act (1991-Rev-Stat-1991-CH-111-1/2-PAR-1003-43) [415 ILCS 5/3.43])

"Unconsolidated Formation" means a geological formation above bedrock

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such as sand or gravel which is caving in nature.

"Unit" means any device, mechanism, equipment, or area (exclusive of land utilized only for agricultural production). (Section 3.62 of the Environmental Protection Act (415 ILCS 5/3.62))

"Water Bearing Formation" means any geologic formation which contains water.

"Well Cap" means that portion of the pitless well adapter used to enclose the atmospheric termination of the casing, which shall overlap the top of the casing extension with a downward flange.

"Water Well" means any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial re-charge, or acquisition of ground water, except monitoring wells.

"Well Seal" means an arrangement or device used to establish a watertight closure at the junction of a well pump or piping with the well casing cover at the upper terminal of the well, the purpose of which is to prevent contaminated water or other material from entering the well.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.15 Incorporated or Referenced Materials

The following federal and State regulations, standards, and statutes are incorporated or referenced in various Sections of this Part.

a) The following standards are incorporated by reference:

1) NSF International National Sanitation Foundation, Standard 56, Pitless Well Adapters (November 1992) and published by:

NSF International The National Sanitation Foundation
3475 Plymouth Road, P.O. Box 1468
Ann Arbor, Michigan 48106

2) National Sanitation Foundation, Standard 14-1990, Plastic Piping System Components and Related Materials and published by:

The National Sanitation Foundation
NSF International
3475 Plymouth Road, P.O. Box 1468
Ann Arbor, Michigan 48106

3) American Society for Testing and Materials (ASTM) required standards are listed under Sections 920.90 and 920.180. List of approved steel and plastic well casing standards may be obtained from:

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American Society for Testing and Materials
1916 Race Street
Philadelphia, PA 19103

4) Underwriter's Laboratories, Inc., Standard for Safety UL 1995 (1990), Heating and Cooling Equipment, and published by:
Underwriter's Laboratories, Inc.
333 Pfingster Road
Northbrook, Illinois 60062

b) The following statutes are referenced:

1) Environmental Protection Act, Title IV, Public Water Supplies (415 ILCS 5/Title IV))

2) Illinois Water Well and Pump Installation Contractor's License Act (225 ILCS 345)

c) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

d) All materials incorporated by reference are available for inspection and copying at the Department's Central Office, Division of Environmental Health, 525 West Jefferson - Third Floor, Springfield, Illinois 62761.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.30 General Requirements

a) Authorized Constructor. Water wells subject to this Part shall be constructed only by persons having a valid license under the Illinois Water Well and Pump Installation Contractor's License Act (415 ILCS 345) unless exempt under provisions of that Act.

b) Reports. Within 30 days after a water well has been constructed or deepened, the contractor shall submit a report of construction and pump installation to the Department on such forms as are prescribed and furnished by the Department.

c) Variance.

1) If conditions exist at a proposed installation site which preclude compliance with the requirements of this Part, a variance shall be requested and shall be approved before well construction begins. The contractor may request a variance by submitting to the Department or a local health department approved under Section 920.150 and 920.160, a written request outlining a specific proposal to be used in lieu of compliance with this Part. The request shall include a plot plan of the property showing lot size, the location of sewers, septic tanks, buildings, seepage fields, and other sources of contamination on the property and adjacent property with distances shown to the

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proposed well. A description of geological and soil conditions shall also be included. The Department or approved local health department shall approve the variance if the proposal is in accord with accepted public health and sanitary engineering principles and practices, and if the resulting water well installation can be expected to provide a continuously safe sanitary water supply. The Department or approved local health department will notify the applicant in writing of its decision either to grant or deny the variance. A variance shall be requested and approved before well construction begins.

- 2) After a well has been drilled for which a variance has been issued, the contractor shall submit two water samples to the Department laboratory for analysis after the well is completed. The first sample shall be submitted within 30 days, and the second sample shall be submitted within 60 days following completion of the well, but not less than 30 days following collection of the first sample. The Department shall approve the variance if the proposal is in accord with accepted public health and sanitary engineering principles and practices, and if the resulting water well pump installation can be expected to provide a continuously safe and sanitary water supply.

2.3) Examples of location problems that which would preclude compliance with this Part would be the proposed location of a well too close to septic tanks, buildings, sewer lines, or barnyards.

- 3.4) Examples of public health and engineering principles that would be considered in issuing a variance would be ground surface conditions, depth of the water table, the location of sources of contamination, the ability of the existing soil to remove bacteria, and geologic conditions.

4) After a well has been drilled for which a variance has been issued, the contractor shall submit 2 water samples to the Department laboratory for analysis. The first sample shall be submitted within 30 days after the pump is installed and operated; the second sample shall be submitted within 60 days after start-up of the pump, but not less than 30 days after collection of the first sample.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.40 Design Factors

The design of each well shall include the following:

- Natural Protection. Location of the well shall include utilization of every natural protection available to promote sanitary conditions.
- Geological Formations. The well construction shall be adapted to the geologic formations and ground water conditions at the site, but shall

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comply with the requirements in this Part.

- Undesirable Geological Formations. Water bearing formations shall be excluded by installing casing or a liner and properly sealing when such formations contain undesirable water. When a contaminated formation is to be excluded, the liner must be grouted in place, in accordance with Section 920.90(h), from 10 feet below the bottom of the contaminated formation to at least 10 feet above the top of the contaminated formation. ~~or when the primary purpose for the well is to withdraw water from a deeper formation:~~
- Capacity. Capability of the well to produce as much of the desired water quantity as the aquifer or aquifers can safely furnish.
- Durability. Construction methods and materials shall provide a durable well capable of maintaining safe water and protecting the aquifer.
- Pitless Well Adapters. No well casing shall be cut off or cut into below ground surface except to install a pitless well adapter below the frost level. Pitless well adapters or pitless units installed on plastic well casing shall be pressurized at the point of attachment with the well casing, unless the pitless unit is solvent welded onto the plastic casing and the riser casing of the pitless unit is plastic. Pitless well adapters installed on steel well casing shall be pressurized at the point of attachment with the well casing, unless the pitless unit is threaded or welded onto the well casing. ~~Pitless well adapters shall be pressurized at the point of attachment with the well casing, unless the pitless unit is threaded onto a well casing. The annular opening between the well casing and the well bore hole or any excavation made to install the pitless adapter shall be filled with earth to minimize settling and mounded to provide drainage away from the well. The contractor installing the pitless well adaptor shall be responsible for the installation of the earth backfill.~~ Pitless well adapters shall comply with the requirements of the National Sanitation Foundation (NSF) Standard Number 56 entitled Pitless Well Adapters and shall be tested and approved as meeting this standard by Allied Laboratories, 716 North Iowa Avenue, Villa Park, Illinois, and shall be listed by the Department as meeting this standard. A list of approved pitless well adapters will be periodically updated and a copy of this list may be obtained from the Department.
- Well Caps. There shall be no openings through the well cap except for a factory-installed vent, air line connection and power supply wiring unless a proposal is submitted to and approved by the Department. The proposal must show that any entrance into the well cap is watertight. In addition, well caps shall:
 - 1) Prevent surface water from entering the water supply.
 - 2) Be secured in position.
 - 3) Be removable with tools only.
 - 4) Be resistant to weathering and corrosion.
- Chemical Injection System. Where a chemical injection system is

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directly connected to a water well used for irrigation, a backflow device shall be installed in accordance with Section 925.40 of the Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925).

- 1) Vents. Vent piping shall be of adequate size to allow equalization of air pressure in the well. For wells that are greater than four inches in diameter, the vent shall be not less than one-half inch in diameter. Vent openings shall be located in such a manner as to prevent contamination of the well and shall be reasonably tamper-proof. The vent opening shall be turned down, secured in position and screened with not less than 24-mesh durable screen or filtered in such a manner as to prevent the entry of insects. The vent opening shall terminate at least 8 inches above finished grade, or 24 inches above maximum high water level in areas where flooding occurs. Particular attention shall be given to proper venting of wells in areas where toxic or inflammable gases are known to be a characteristic of the water. If determined that either of these types of gases are present, all vents located in buildings shall be extended to discharge outside of the building at a height where the vent will not be a hazard. Venting is required on all wells except driven water wells and flowing wells.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.60 Drilled Wells in Unconsolidated Formations

- a) General. Unconsolidated formations such as sand and gravel may extend to or near the ground surface. Generally, however, they lie below the ground surface at varying depths and are covered by an overburden of earth. The kind, nature and depth of the overburden are factors in determining how a well shall be constructed.
- b) Unconsolidated Formations. Wells constructed in unconsolidated formations shall have a minimum of 20 feet of permanent casing installed. When an oversized drill hole is constructed for the installation of the casing, the diameter of the drill hole shall be a minimum of 4 inches greater than the inner diameter of the casing. If plastic well casing is installed, it shall be installed as required in Section 920.90(g). After the casing is installed, the annular space shall be grouted as provided in Section 920.90(h). (See Illustration A.) When the casing is installed by mechanically driving the casing, granulated bentonite shall be mounded around the casing while it is being driven or an oversized hole shall be constructed to a depth sufficient to allow removal of the drive nipple and installation of a joint of casing. After the casing is installed, the annular space that exist around the well casing shall be either grouted as required in Section 920.90(h) or, when the diameter of the oversized hole is a minimum of 4 inches greater than the inner diameter, the annular space that exists around the well casing can be filled with natural clay.

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(See Illustration B.) With Non-Stable Overburden---Wells---constructed in---unconsolidated---formations---which---extend---the---full---depth---of---the---well---shall---have---a---permanent---casing---installed---governed---by---the---pumping---level---in---the---finished---well---for---pumping---levels---greater---than---20---feet---below---the---ground---surface;---the---casing---shall---extend---5---feet---below---the---pumping---level.---For---pumping---levels---20---feet---or---less---below---the---ground---surface---the---casing---shall---extend---10---feet---below---the---pumping---level.---Under---no---conditions---shall---there---be---less---than---20---feet---of---permanent---casing---installed.---(See---Illustration---A---)

- c) Unconsolidated Formations with Stable Overburden---Wells---constructed in---geological---formations---such---as---sand---and---gravel---which---lie---below---clay---glacial---till---or---other---relatively---stable---soil---shall---have---a---casing---installed---governed---by---the---pumping---level.---For---pumping---levels---greater---than---20---feet---below---the---casing---shall---extend---5---feet---below---the---pumping---level.---For---pumping---levels---20---feet---or---less---the---casing---shall---extend---10---feet---below---the---pumping---level.---Under---no---conditions---shall---there---be---less---than---20---feet---of---permanent---casing---installed.---Since---the---stable---overburden---cannot---be---expected---to---form---a---continuous---contact---seal---with---the---casing---sealing---of---the---annular---opening---between---the---casing---and---the---drill---hole---must---be---effected,---this---can---be---accomplished---by---constructing---an---upper---drill---hole---having---a---diameter---four---inches---greater---than---the---inner---diameter---of---the---casing---to---be---installed---and---extending---to---a---depth---of---at---least---20---feet.---The---upper---drill---hole---shall---be---sealed---with---clay---sturry---bentonite---grout---or---cement---grout---after---the---casing---is---in---place.---(See---Illustration---B---)

- c) d) Gravel Pack Well Construction. When an over-sized drill hole is constructed to permit the placement of a gravel pack well around the well screen, the diameter of the drilled hole shall be a minimum of 4 inches greater than the inner diameter of the casing. The annular opening between the casing and drill hole shall be grouted in accordance with Section 920.90(h) sealed in the top 20 feet or 20 feet below the point of pitless adapter attachment with concrete, neat cement or bentonite grout. If a permanent outer casing is installed, it shall extend to a depth of at least 20 feet and depending on the formations present, the annular opening between the drill hole and the outer casing shall be grouted in accordance with Section 920.90(h) sealed with clay sturry, bentonite, or cement grout. The annular opening between inner and outer casings shall be sealed with concrete bentonite or cement grout in the upper 20 feet or 20 feet below the point of pitless adapter attachment, sealed at the top of the casing. The seal shall be made in such a manner as to prevent water or contaminants from entering the annular space between the inner and outer casing. If plastic well casing is installed, it shall be installed as required in Section 920.90(g). (See Illustration C.)

- 1) All gravel placed in the well shall be clean, washed and disinfected prior to placement or provisions made for disinfection in place.
- 2) Gravel refill pipes may be installed if they terminate above

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- ground surface and are provided with watertight caps.
- 3) Wells designed for placement of an artificial gravel pack shall be provided with an adequate screen having openings sized on the basis of the grain size of the gravel. The well shall be developed to insure free entry of water without sediment.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.70 Drilled Well Construction in Consolidated Formations

- a) Creviced Formations - Drift or Earth Cover Less Than 30 Feet. A creviced or cracked formation, limestone or dolomite which is the upper bedrock formation and is overlain by a mantle of earth having a thickness less than 30 feet, shall be used as a source of groundwater supply when constructed by one of the following methods:

- 1) Where the drift or earth cover is less than 30 feet in thickness, the well casing shall extend to a depth of at least 40 feet below ground level. The diameter of the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. The annular space shall be pressure cement grouted as provided for in Section 920.90(b). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g). ~~(g) or pressure bentonite grouted.~~

- 2) Where the well is drilled to obtain water from a lower formation the casing shall extend at least through the creviced formation and be seated in firm rock. The diameter of the drill hole through the creviced formation shall be a minimum of two inches greater than the inner diameter of the casing. The annular space shall be pressure cement grouted as provided in Section 920.90(h)(9). When an outer casing is left in place, the annular space between the casings shall be pressure cement grouted and the annular opening around the outer casing shall be grouted in accordance with Section 920.90(h). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g). (See Illustration D.) ~~sealed with clay-sturry bentonite or cement grout. (See Illustration B.)~~

- b) Drift or Earth Cover Over 30 Feet in Thickness. When an oversized drill hole is constructed for the installation of the casing, the diameter of the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. If plastic casing is installed, it shall be installed as required in Section 920.90(g). After the casing is installed, the annular space shall be grouted as provided for in Section 920.90(h). (See Illustration E.) When the casing is installed by mechanically driving the casing, granulated bentonite shall be mounded around the casing while it is being driven or an oversized hole shall be constructed to a depth sufficient to allow the removal of the drive nipple and installation of a joint of

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casing. While the casing is being driven, the bottom of the oversized hole shall be filled with granulated bentonite or natural clay mixture. After the casing is installed, the annular space that exists around the well casing shall be either grouted as provided for in Section 920.90(h) or, when the diameter of the oversized hole is a minimum of 4 inches greater than the inner diameter, the annular space that exists around the well casing can be filled with natural clay. (See Illustration F.) ~~Where the earth cover is greater than 30 feet in thickness, the casing shall be fitted with a drive shoe and be driven to a firm seat in the limestone or dolomite and the annular space around the casing through the earth mantle sealed with clay-sturry bentonite or cement grout. Plastic casing shall be installed as required in Section 920.70(d). (See Illustration B.)~~

- c) Flowing Artesian Well. Initial drilling operations shall extend into but not through the formation confining the water. The casing shall be installed and the annular opening between drill hole and casing shall be pressure grouted in accordance with Section 920.90(h). If plastic casing is installed, it shall be installed in accordance with Section 920.90(g). ~~pressure sealed with cement or bentonite grout and allowed to set in accordance with Section 920.90(g)(4). The hole shall then be extended into the artesian formation. Flow control from the well shall be provided by valved pipe connections, watertight pump connections, or receiving reservoirs set at an altitude corresponding to the artesian head.~~

- d) Plastic Casing Installations. ~~When plastic well casing is installed, the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. The pipe spigot and socket shall be cleaned and treated with a cleaner primer. Joints shall be solvent-cemented with a quick-setting cement. Other types of joints may be evaluated and approved by the Department. There shall be no penetrations through the inner casing. A coupling shall be cemented on the bottom of the casing to stabilize it in the hole. A steel nipple five to ten feet long may be used on the bottom of the casing in lieu of the coupling. In rock wells, the casing shall be set into the rock a minimum of three feet to prevent leaking around the end of the casing in areas where the water is obtained at the rock surface. The casing shall be set just above the rock. A formation packer shall be installed just above the bottom of the casing. The annular opening between the casing and wall of the drill hole shall be sealed in accordance with Section 920.70(f) with bentonite slurry or neat cement grout for both rock and drift wells.~~

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.80 Special Type Wells

- a) General. Wells in this classification are dug, bored, driven, and

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radial collector. The choice of any one of these as opposed to a drilled well is largely dictated by the characteristics of the water bearing formations or aquifers in the local areas.

- b) Bored or Dug Well - Well Not Finished With Buried Slab. Bored or dug wells that are not finished as buried slab wells shall comply with the following: (See Illustration GP.)

1) Annular Opening. The open space between the excavation and the installed casing shall be grouted with concrete. The concrete shall be a minimum of six inches thick and be poured without construction joints from the ground surface to a minimum of ten feet below ground level. The contractor shall be responsible for the installation of the concrete grout. The diameter of the well bore below the grouting shall be a minimum of four inches greater than the outside diameter of the well casing and shall be filled with washed pea gravel to the well bottom.

2) Upper Terminal. The casing shall extend at least 8 inches above finished ground surface. A cover slab at least four inches thick, adequately reinforced and having a diameter sufficient to extend to the outer edge of the casing shall be provided. The slab shall be constructed without joints. The top of the slab shall be sloped to drain to all sides and a watertight joint made where the slab rests on the well casing. A manhole, if installed, shall consist of a curb cast in the slab and extending four inches above the slab. The manhole shall have a watertight cover having sides which overhang the curb at least two inches.

A) A vent shall consist of pipe extending above the slab with the open end turned down and not less than six inches above the slab. The open end shall be covered with 24 mesh or finer screen of durable material.

B) Adequate sized pipe sleeve or sleeves shall be cast in place in the slab to accommodate the type of pump or pump piping proposed for the well.

- c) Bored or Dug Well - Buried Slab Construction. The well casing shall be terminated at a depth of 10 feet or more below the ground surface. Well casing shall meet the requirements in Section 920.90. This casing shall be ~~firmly-embedded-in-or~~ connected to a pipe cast in a reinforced buried concrete slab. The connection shall be made in accordance with Section 920.90(C). The casing shall be a minimum of four inches in diameter and extend from the concrete slab to at least eight inches above finished ground surface. A bentonite seal that is a minimum of 12 inches in thickness shall be installed over the buried slab the entire diameter of the well. The annular opening between the casing pipe and the well bore shall be filled with clean earth thoroughly tamped to minimize settling, and mounded to drain away from the well. The contractor shall be responsible for the installation of the backfill. If a pitless adaptor is scheduled to be installed within seven calendar days, the earth backfill may terminate one foot below the frost level. The diameter of the well bore below the buried

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slab shall be a minimum of four inches greater than the outer diameter of the well casing and shall be filled with washed pea gravel to the well bottom. (See Illustration HG.)

- d) Driven Well. The well point, drive pipe and joints shall be structurally suitable to prevent rupture during the driving of the well. If aids to driving are used, such as an augered starting hole or water jetting, the annular space around the drive pipe shall be sealed with cement grout or puddled clay. The type of pump proposed for the well will determine how the top ten feet or more of the well shall be completed. If the working barrel of a hand pump is to be located below ground surface, the upper portion of the well shall be enclosed in steel or iron casing pipe to a point below the barrel. So called "frost pits" curbed with stone, brick, tile, etc., are prohibited.

1) A minimum of 20 ft. of casing shall be provided for the drop pipe. (See Illustration IH.)

2) Driven wells shall not be constructed in basements.

3) Well seals or pitless adaptor units shall be employed in accordance with the Illinois Water Well Pump Installation Code.

4) The casing used in driven wells shall be in compliance with Table A or Table B.

5) ~~The drop pipe shall extend below the pumping level and shall be at least 20 feet in length.~~

e) Radial Collector Well. Approval of plans for the well shall be obtained from the Department before construction. Factors that will be considered for approval of a radial collector well will include depth of well, types of soil formations, location of well and sources of potential contamination in the surrounding area.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.90 Construction Materials and Other Requirements

a) Casing and Liner Pipe. In selection of casing and liner pipe, consideration shall be given to the stress to which the pipe will be subjected during construction and the corrosiveness of the water with which it comes in contact. Used or reject pipe shall not be used.

1) Steel well casing shall meet one of the following standards: American Society For Testing Materials (ASTM) A-53-93A or B, A-589-93, or American Petroleum Institute 5L, March, 1982 Edition and conform to the minimum standards given in Table A.

2) Plastic well casing and liners shall meet the requirements of ASTM Standard F480-1 and the National Sanitation Foundation (NSF) Standard Number 14-1990, Plastic Piping System Components and Related Materials. Evidence of compliance shall be inclusion in the current NSF listing and display of the NSF seal on each

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section of casing, and marking the casing in accordance with the requirements of ASTM Standard F-480-94.

- 3) Plastic well casing and liners must be Standard Dimension Ratio (SDR) rated and conform to the minimum requirements given in Table B.

b) Outer Casing. Casing intended for construction purposes only shall be of weight and design as necessary to be watertight and permit installation without distortion or rupture to the specified depth and shall be removed upon completion of the well.

c) Joints. All casing and liner pipe joints shall be watertight. When the water well casing is to be extended, the joint shall be a threaded coupling or welded ~~welding~~ if the casing is metal, or the joint shall be solvent welded if the casing material is plastic. A pressurized connection shall be used when steel casing is used to extend plastic casing when the connection is within 20 feet of the ground surface.

d) Screens. Screen openings shall provide the maximum amount of open area consistent with strength of screen and the grading of the water bearing formation or gravel pack. The openings shall permit maximum transmitting ability without clogging or jamming. Screens shall be made of non-corrosive material.

e) Drive Shoe. Pipe that is to be driven shall be equipped with a drive shoe.

f) Grouting Guides. Casing that is to be pressure grouted in the drill hole or annular opening shall be provided with a centering shoe and shall have sufficient guides or centralizers to permit the unobstructed flow and deposition of the thickness of grout specified.

g) Plastic Casing Installations. When plastic well casing is installed, the pipe spigot and socket shall be cleaned and treated with a cleaner primer. Other types of joints may be evaluated and approved by the Department. There shall be no penetrations through the inner casing. A formation packer shall be installed just above the bottom of the casing. A coupling shall be cemented on the bottom of the casing to stabilize it in the hole. A steel nipple 5 to 10 feet long may be used on the bottom of the casing in lieu of the coupling. In rock wells, the casing shall be set into the firm rock a minimum of 3 feet to prevent leaking around the end of the casing. In areas where the water is obtained at the rock surface, the casing shall be set just above the rock.

h) Grouting. Procedures and materials for grouting shall be as follows:

- 1) Grout. Grout shall be bentonite grout, or neat cement grout as described in Section 920.10. ~~Concrete-Grout, the mixture shall consist of cement, sand and water, in the proportion of one bag of cement (94 pounds), and an equal volume of dry sand to not more than 6 (six) gallons of clean water.~~

2) Neat-Cement-Grout. ~~the mixture shall consist of one bag of cement (94 pounds) to not more than six gallons of clean water. Additives such as bentonite or aquajel or similar materials may be added up to 6% by weight to increase fluidity and to control~~

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~~shrinkage-~~
3) ~~Bentonite-Grout. The mixture shall consist of a minimum of 30% solids bentonite clay and water which is an equivalent of 3-4 pounds/gallon.~~

2) ~~Application. All cement-or-bentonite grouting shall be performed so that the grout is placed by adding the mixture from the bottom of the annular opening upward in one continuous operation until the annular opening is filled or to the point of pitless adapter attachment. Bentonite, aquajel, or similar materials may be added to the annular opening in the manner indicated for grouting, prior to the cement grouting, to seal any small crevices or fissures and assure that the annular space is open.~~

3) ~~Setting Time. Drilling operations shall not be resumed until the cement grout has set. Neat cement grout shall set and hardened for at least 48 hours. When hi-early-strength-cement is used and at least 72 hours when regular cement is used. Setting time may be reduced from 48 hours with hi-early-strength-cement and 72 hours with regular cement by addition of manufacturers' approved chemicals and following manufacturers' recommendations for setting time. Bentonite grout shall set for a minimum of 1 hour from the start of placement of the grout at the bottom of the annular opening by Tremie Method or 1 hour after completion of grouting by other methods.~~

i) ~~Plumbness and Alignment. The bore of the hole shall be sufficiently plumb and straight to receive the casing without binding. The casing shall be sufficiently plumb and straight so that it will not interfere with installation and operation of the pump.~~

j) ~~Construction Water. Water used in the drilling process shall be obtained from a source which will not result in contamination of the well. All such water shall be treated so as to maintain a free chlorine residual as an extra precaution.~~

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.100 Finishing and Testing

a) Upper Terminal. The casing or riser pipe shall be terminated at a height above finished ground surface consistent with proposed plans for a pump house and pump installation but not less than 8 inches above finished ground surface or 24 inches above maximum high water level where flooding occurs. The well shall be capped watertight until pump installation is made.

b) Disinfection. Only after the well has been effectively cleaned of all remaining drilling mud and drill cuttings can the well be disinfected. The well contractor shall be responsible for properly disinfecting the well upon completion. Disinfection shall also be done after the pump

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Diameter of well (in feet)	3	4	5	6	7	8	10
Amount of 5.25% laundry bleach to use per foot of water (in cups)	1 1/2	3	4 1/2	6	9	12	18
Amount of 70% Hypochlorite granules to use per foot of water (in ounces)	1	2	3	4	6	8	12

- A) The amount of disinfectant required is determined primarily by the amount of water in the well. The table above shows the amount of the chlorine to use for each foot of water in the well, according to its diameter.
- B) To determine the exact amount of bleach to use, multiply the amount of disinfectant indicated as determined by the well's diameter times the number of feet of water.
- C) This total amount of bleach shall be added to approximately 10 gallons of water, and splashed around the lining, or wall of the well. Be certain that the solution has contacted all parts of the well, using the entire amount of disinfectant. Seal the top of the well.
- D) When this is done, pump enough water so the strong chlorine odor is evident. When the odor is detected, stop the pumping and allow the solution to remain in the well overnight.
- E) After standing, operate the pump, discharging water from all outlets until all chlorine odor disappears. Faucets on fixtures discharging to septic tank systems shall be throttled to a low flow to avoid overloading the disposal system.
- 3) Water Samples. Upon completion of a new well or modification of an existing well, the contractor shall give the owner information prepared by the Department explaining the importance of water well sampling, procedures for sampling, and how the water can be tested to assure a safe supply of water.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

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installation is completed. Sufficient chlorine shall be introduced to give a dosage of 100 parts per million to the water in the well.

1) Drilled Wells. The disinfection of drilled wells shall be accomplished in accordance with the following:

DIAM. WELL IN INCHES	GALLONS PER FT.	AMOUNT OF DISINFECTANT REQUIRED FOR EACH 100 GALLONS OF WATER
3	.37	LAUNDRY BLEACH (5.25% CHLORINE)
4	.65	HYPOCHLORITE GRANULES (70% CHLORINE)
5	1.0	
6	1.5	
8	2.6	
10	4.1	3 CUPS
12	6.0	2 OUNCES

1 cup = 8 oz. measuring cup
(2 cups = 1 pt.; 4 cups = 1 qt.)
1 oz. = 1 heaping tablespoon granules
(16 oz. = 1 lb.)

- A) Determine the amount of water in the well by multiplying the gallons per foot by the number of feet of water in the well.
- B) For each 100 gallons of water in the well, use the amount of chlorine liquid or compound given in the above tables. Mix this total amount in about 10 gallons of water. If dry granules or tablets are used, they may be added directly to drilled wells.
- C) Pour this solution into the top of the well before the seal is installed.
- D) Connect one or more hoses from faucets on the discharge side of the pressure tank to the top of the well casing and start the pump, recirculating the water back into the well for at least 15 minutes. Then open each faucet in the system until a chlorine smell appears. Close all faucets. Seal the top of the well.
- E) Let stand for several hours, preferably overnight.
- F) After standing, operate the pump, discharging water from all outlets until all chlorine odor disappears. Faucets on fixtures discharging to septic tank systems should be throttled to a low flow to avoid overloading the disposal system.
- 2) Dug/Bored Wells. The disinfection of dug/bored wells shall be accomplished in accordance with the following:

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a) Abandonment of Wells.

- 1) The owner of a water well, boring, or monitoring well shall assure that such well is sealed within ~~thirty~~ 30 days after it is abandoned and when the well is no longer used to supply water or is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety. The Department shall grant an extension of this time provided the owner submits a written request to the Department indicating the reasons for the request and an estimate of time in which the well will be either sealed or reused. In granting an extension, the Department must be assured that applicable protective measures will be taken and the methods and materials will be in compliance with the Act and this Part. Applicable protective measures may include ensuring that sources of contamination are down grade from the water source, ensuring isolation of the potential source of contamination in such a manner as to prevent a route of contamination of the ground water, or isolating the potential source of contamination to prevent accidental introduction of contaminants into ground water.

- 2) Water wells shall be sealed by a licensed water well driller pursuant to the Water Well and Pump Installation Contractor's License Act. An individual who is not so licensed may seal a well, provided the well is located on land which is owned or leased by such individual and is used by such individual for farming purposes or as such individual's place of abode and provided a request is made to the Department or local health department prior to the commencement of sealing indicating how the water well is to be sealed and the materials to be used. The Department or local health department shall grant approval when requested prior to the commencement of sealing if the methods and materials are in compliance with this Section.

- b) Sealing Requirements. Where geologic data does not exist for a particular abandoned drilled water well, such water well shall be sealed, from the bottom up to where the well casing is removed, with neat cement grout or any bentonite product manufactured for water well sealing. Water wells, borings, or monitoring wells which are abandoned shall be disinfected by introducing a sufficient amount of chlorine to produce 100 parts per million of chlorine in the water in the well and shall be sealed by placing the sealing materials from the bottom of the well to the surface by methods that will avoid segregation or dilution of material in accordance with the following requirements:

- 1) Non-creviced, Consolidated formations. Wells extending into non-creviced sandstone, or other water bearing consolidated formations shall be sealed by filling the well with disinfected clean pea gravel or limestone chips to within 10 feet below the top of the water bearing formation or to within 10 feet of the bottom of the casing, whichever is less. ~~Bisinflection--shall--be~~

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~~accomplished--by--treating--the-area-of--the-well--which--penetrates the-aquifer--in--accordance--with--Section--920--100(b)--. Neat cement grout or any containing-bentonite-or-aquajel--from--20--to--60--by--dry weight--or--pure bentonite product manufactured for water well sealing in any form shall be placed for a minimum of 20 feet above this point. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for such sealing, provided the upper part of the well is dry. (See Illustration J.) An-impervious-material shall-be-used-to-fill-the-upper-part-of-the-well-to-the-surface.~~ Creviced formations. Wells extended into creviced formations shall be sealed by filling with disinfected clean pea gravel or limestone chips to within 10 feet below the top of the water bearing formation or to within 10 feet below the bottom of the casing whichever is less. Neat cement grout containing ~~bentonite--aquajel--from--20--to--60--by--dry-weight, or any pure bentonite product manufactured for well sealing in-any-form shall be placed for a minimum of 20 feet above this point. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for such sealing, provided the upper part of the well is dry. (See Illustration J.) Where the earth cover is less than 30 feet, the hole shall be grouted from 10 feet below the creviced formation to where the well casing is removed. (See Illustration J.) An-impervious-material-shall-be-used-to-fill-the-upper-part-of--the-well-to-the-surface.~~

- 3) Unconsolidated formations. In the event the water bearing formation consists of coarse gravel and producing wells are located nearby, the well shall be sealed by filling with disinfected clean pea gravel or limestone chips to 10 feet below the top of water bearing formation. Neat cement grout or any bentonite product manufactured for water well sealing shall be placed for a minimum of 20 feet above this point. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for such sealing, provided the upper part of the well is dry, containing bentonite--or--aquajel--from--20--to--60--by--dry-weight, or-pure bentonite in-any-form-shall-be-placed-for-a-minimum-of--20--feet above--this-point--An-impervious-material-shall-be-used-to-fill the-remaining-upper-part-of-the-well-to-the--surface. Abandoned wells extending only into unconsolidated formations near the surface can be sealed by completely filling with concrete, cement grout, neat-cement or impervious material such as clay. (See Illustration K.)
- 4) More than one water bearing formation. Where wells extend into

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below--final--grade--by--using--neat--cement--containing--bentonite--or
aquajel--from--2 1/2--to--6 1/2--by--dry--weight--or--combination--thereof--or
pure--bentonite--in--any--form--

c) Non-Producing well. Where a water well is drilled and a water bearing formation is not located, the water well shall be filled with clay, drill-cuttings, or neat cement containing bentonite, aquajel or similar materials from 2 1/2 to 6 1/2 by weight, or pure bentonite in any form by the water well driller not more than ten (10) calendar days after the well has been drilled.

d) The well casing or liner shall be removed to at least 2 3 feet below final grade, except where the well terminates with a concrete slab which is part of a building floor. Where the well terminates in a slab which is part of a building floor, the sealing material shall be placed flush with the floor. The pump and drop pipe shall be removed.

e) Notification.
1) The Department, approved local health department, or approved unit of local government shall be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal a water well or monitoring well.

2) When a water, boring or monitoring well is sealed, a A sealing form shall be submitted to the Department or approved local health department when a water-boring--or--monitoring--well--is sealed by the individual performing the sealing not more than 30 days after the well is sealed. The following information shall be submitted on forms provided by the Department:

- A) the date the water, boring or monitoring well was drilled;
- B) depth and diameter of the water, boring or monitoring well and diameter;
- C) location of the water, boring or monitoring well;
- D) type of sealing method used;
- E) original water well permit number if available;
- F) date the water, boring or monitoring well was sealed;
- G) type of water well (bored, dug, driven or drilled);
- H) whether the formation is clear of obstructions;
- I) casing record (explanation of the required removal); and
- J) water well driller's license number and name.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 920.130 Permit Requirements

- a) Permit. Effective January 1, 1990, a A permit to construct or deepen a water well must be obtained from the Department or approved local health department prior to construction.
- b) Application. Application for a permit shall be made on the forms provided by the Department or approved local health department. All applications for permit shall include a plan and drawing of the

more than one water bearing formation, each water bearing formation shall be sealed independently in the manner described in this Section. Neat cement grout or any bentonite product manufactured for water well sealing depending upon the type of formation--encountered--A--plug--consisting--of--neat--cement containing bentonite--or--aquajel--from--2 1/2--to--6 1/2--by--dry--weight--or pure--bentonite--in--any--form shall be placed a minimum of 10 feet above and below at all intermittent water bearing formations except artesian wells and artesian formations. Disinfected clean pea gravel or limestone chips shall be placed in each water bearing formation between plugs. When the lower formation has an upflow of water into the upper formation, a pressure seal is required to shut off the upflow while a neat cement plug at least 50 feet in length is pumped in and placed and allowed to set. The upper part of the well to where the well casing is removed shall be sealed by neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for such sealing provided the upper part of the well is dry. (See Illustration L.) An impervious material shall be used to fill all other parts of the well between plugs and the upper part of the well to the surface.

5) Artesian wells. In such wells, a cement retainer shall be used with pressure grouting equipment utilized to place cement grout. Neat cement grout containing bentonite or aquajel from 2 1/2 to 6 1/2 by dry weight shall be placed for a minimum of 10 feet below and 10 feet above the water bearing formation. The upper part of the well to where the well casing is removed shall be filled with neat cement grout or any bentonite product manufactured for water well sealing. Concrete or cement may be used for such sealing. Provided the upper part of the well is dry. An impervious material shall be placed to fill the upper part of the well to the surface.

6) Where the well casing consists of brick, stoner, concrete blocks, porous-tile, or other porous material, the casing shall be removed to a depth of at least three (3) feet below the surface. In lieu of filling the well with disinfected clean pea gravel or limestone chips as required any of the requirements in Subsections subsection (b)(1) through (5) of this Section, wells may be sealed by grouting from the bottom up by using neat cement grout or any bentonite product manufactured for water well sealing containing bentonite--or--aquajel--from--2 1/2--to--6 1/2--by--dry weight--or--combination--thereof--or--pure--bentonite--in--any--form. This material shall be applied the full depth of the well and shall terminate within 2 three feet of the ground surface. Concrete grout may be used in the upper part of the well, provided the upper part of the well is dry. Where geologic data does not exist for a particular abandoned drilled water well, such water well shall be sealed from the bottom up to 3 feet

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proposed construction. At a minimum the plan must include:

- 1) a drawing indicating lot size, direction of slope, location of property lines and distances from proposed well construction to septic tanks, abandoned wells, property lines, seepage fields, sewers, and all other sources of contamination, and an indication of the type of contamination source;
 - 2) water well driller's license number and name;
 - 3) estimated daily pumping capacity if greater than 100,000 gallons per day;
 - 4) the location of the water well including, county, city, street address or lot number, township, range, directions to the site (i.e., subdivision lot number, highway number, secondary roads, signs to follow, etc.), and section;
 - 5) name and address of the owner of the well;
 - 6) type of well to be constructed (bored, dug, drilled or driven);
 - 7) an estimate of the depth of the well; and
 - 8) type of well (i.e., non-potable use well such as an irrigation, livestock or industrial water well, private water well, semi-private water well, or non-community public water well); and;
 - 9) proposed aquifer.
- c) Expiration. A permit is void if construction has not commenced within one year of date of issuance.
- d) Water Well Fee. The fee to be paid for a permit to construct or deepen a water well shall be \$100.00.
- e) The Department shall grant permit requests which meet the requirements of the Act and this Part. The Department's standards for denial of a permit request are set forth in subsection (f).
- f) Groundwater Contamination.

1) The Department shall deny the approval of a permit request when available information indicates that the groundwater aquifer contains contamination which exceeds the Class I groundwater standards adopted in the Groundwater Quality Standards Code (35 Ill. Adm. Code 620). A potential public health problem may be detected on the basis of a sanitary survey, laboratory analyses, location of known sources of pollution, condition of water supply, type of construction or information from previous well owners which might indicate the water would be too hazardous to drink.

2) The Department shall grant approval of a request for a permit when approved treatment is shown to reduce contaminant levels below the levels of recognized health advisories or established by the Department and the federal government and referenced below. Such treatment includes, but is not limited to, sampling for additional contaminants, more frequent sampling for contaminants, or imposing of maximum contaminant levels specified in the Department's Drinking Water Systems Code (77 Ill. Adm. Code 900), or in recognized public health advisories concerning

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the safety of drinking water issued by the Department or USPPA U-S-B-P-A.

- g) Notification. Any ~~Effective--January--17--1990--~~any person who constructs or deepens a water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.

(Source: Amended at 21 Ill. Reg. _____, effective _____.)

Section 920.180 Closed-Loop Wells

a) Construction. Each closed-loop well shall be grouted as required in Section 920.90(h). ~~from a minimum of 30 feet below the top of the well upward--in one--continuing pour--Grouting materials shall consist of neat cement, or neat cement containing bentonite or aquagel--from 24 to 64 by dry weight, or pure bentonite in any form.~~ Closed-loop wells shall not be located closer than 200 feet from a water well, except when the well is a private water system well and when the owner is the same for both the water well and the closed-loop well, in which case the water well shall not be closer than 75 feet from the closed-loop well.

b) Piping Pressure. The liquid in the closed-loop piping shall be maintained under pressure. The equipment shall be designed to shut down if there is any pressure loss in the system. The system must be pressure tested at a minimum pressure of 20 pounds per square inch by the installer after installation to ensure that there are no leaks in the piping or in the equipment system.

c) Coolant. The solution used as coolant or the liquid which is pumped through the closed-loop well piping must be methanol, ethanol, propylene glycol, calcium chloride or ethylene glycol. These chemicals may be used only in concentrations of 20% or less. When copper piping is utilized, the coolant shall be hydrochlorofluorocarbon-22, or any equivalent refrigerant with less ozone depletion potential.

d) Piping. All plastic piping shall be watertight and shall conform to ASTM D2656-89, D2447-89, D3035-91. All copper piping system and joints shall be watertight and conform to UL 1995. All joints in plastic piping shall be heat fusion welded.

e) Abandonment. All vertical piping in closed-loop wells which is abandoned shall be physically disconnected from the horizontal piping and sealed with neat cement grout or any bentonite product manufactured for water well sealing ~~filled with bentonite or neat cement grout~~ by pressure grouting. All horizontal piping which is abandoned shall be removed or the coolant must be drained from the piping and disposed of off-site in accordance with State and local laws.

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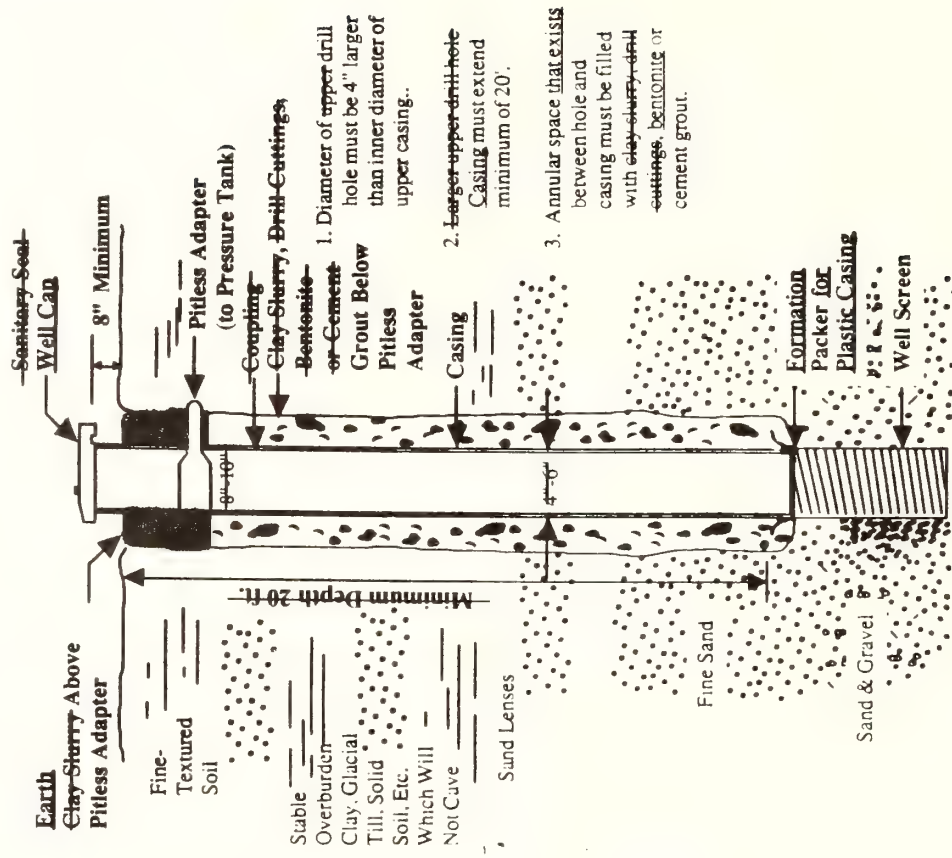
- f) Horizontal Piping Distances to Water Wells. Horizontal piping in a closed-looped system shall not be closer than 25 feet to any water well.
- g) Distances to Sources of Contamination. Closed-loop wells shall not be closer to the sources of contamination listed in Section 920.50(b)(1) than the distances to water wells specified in this Section.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION A Unconsolidated Formations: Oversized Drill Hole with Non-Stable-Overburden



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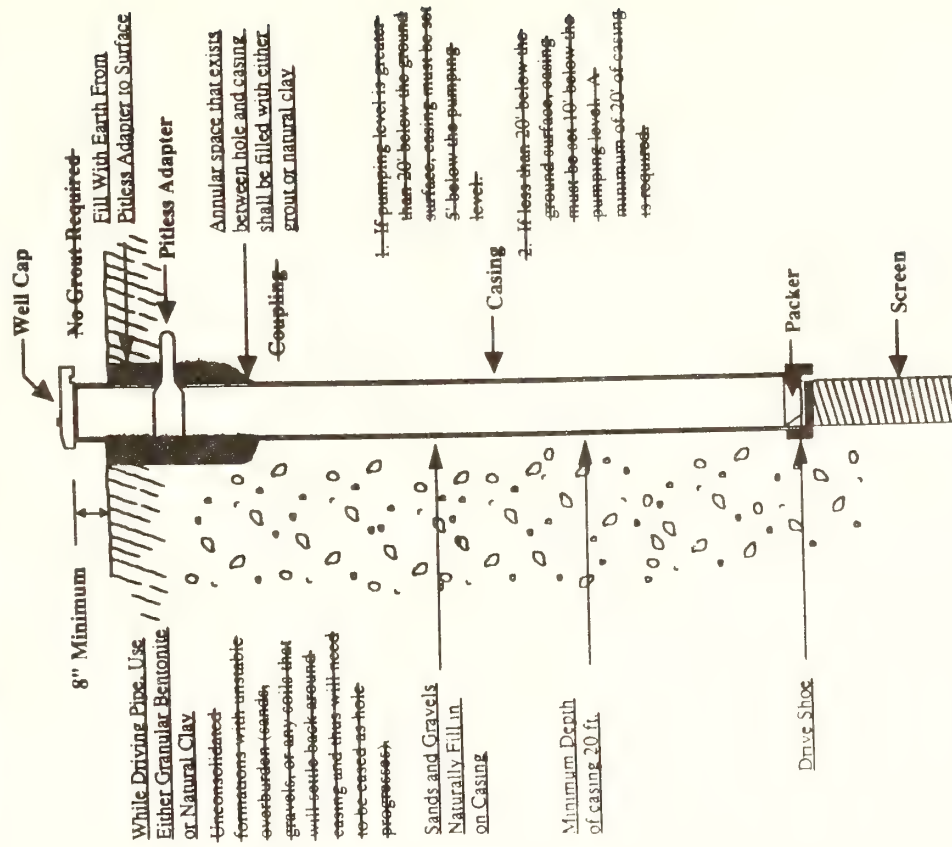
NOTICE OF PROPOSED AMENDMENTS

(Source: Former Section 920. Illustration A renumbered to Section 920. Illustration B; new Section 920. Illustration A renumbered from Section 920. Illustration B and amended at 21 Ill. Reg. effective _____, _____)

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Section 920. ILLUSTRATION B Unconsolidated Formations: Mechanically Driven Casing with Stable-Overburden

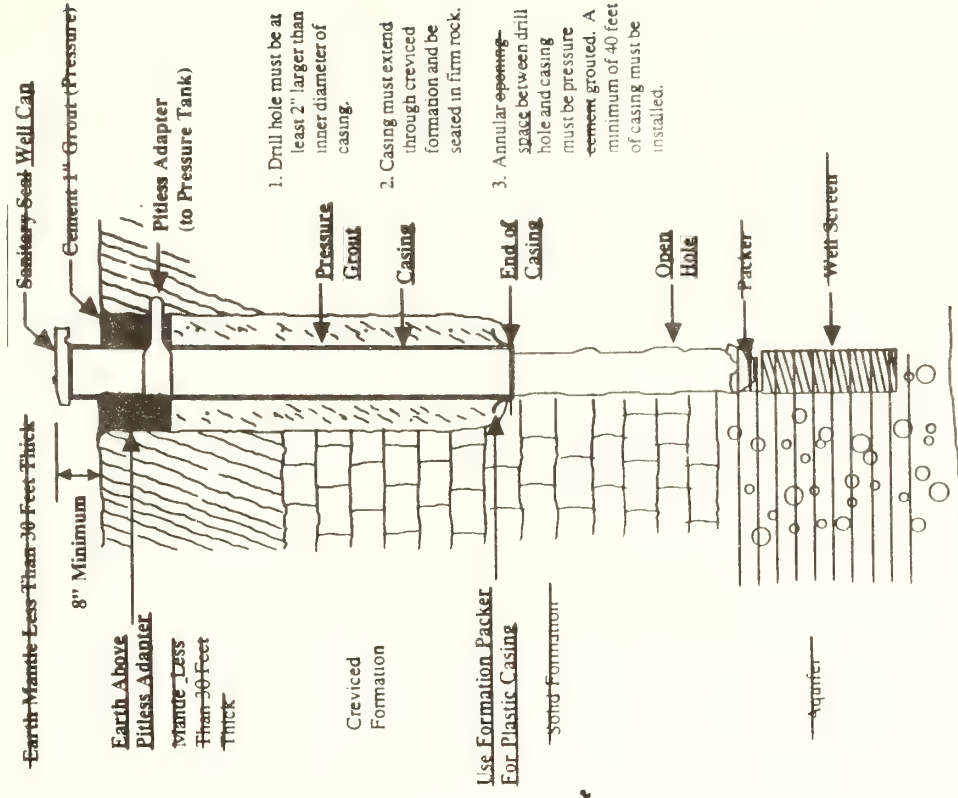


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(Source: Amended at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION D Aquifer--Below Creviced Formations: Earth Cover Less Than 30 Feet Thick



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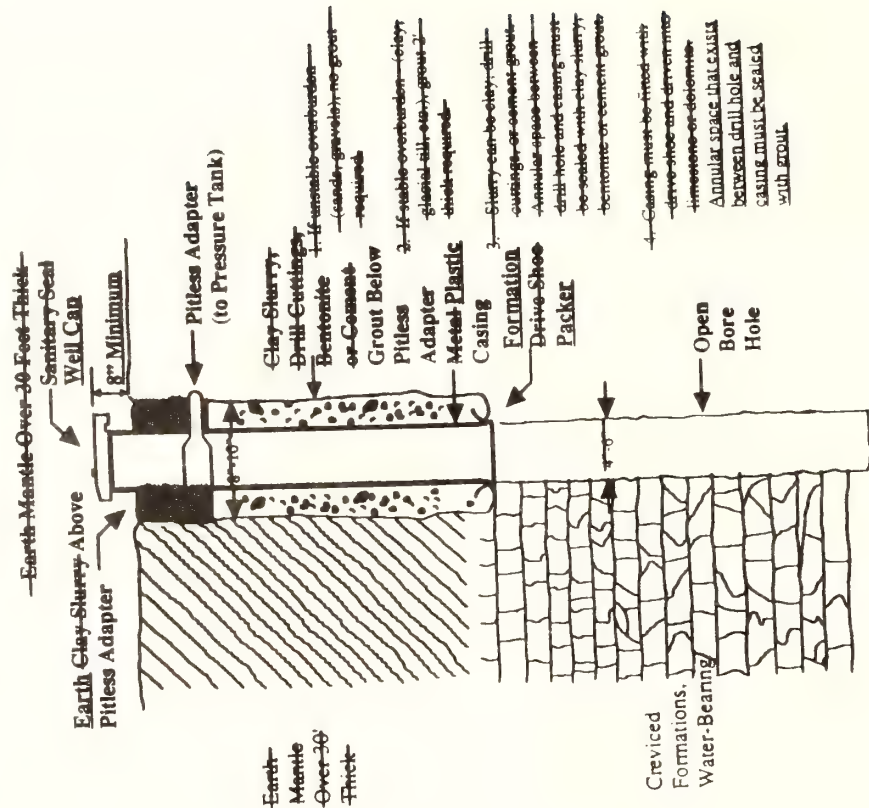
NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION E Creviced Formations: Earth Mantle Cover Over 30 Feet Thick - Oversized Drill Hole



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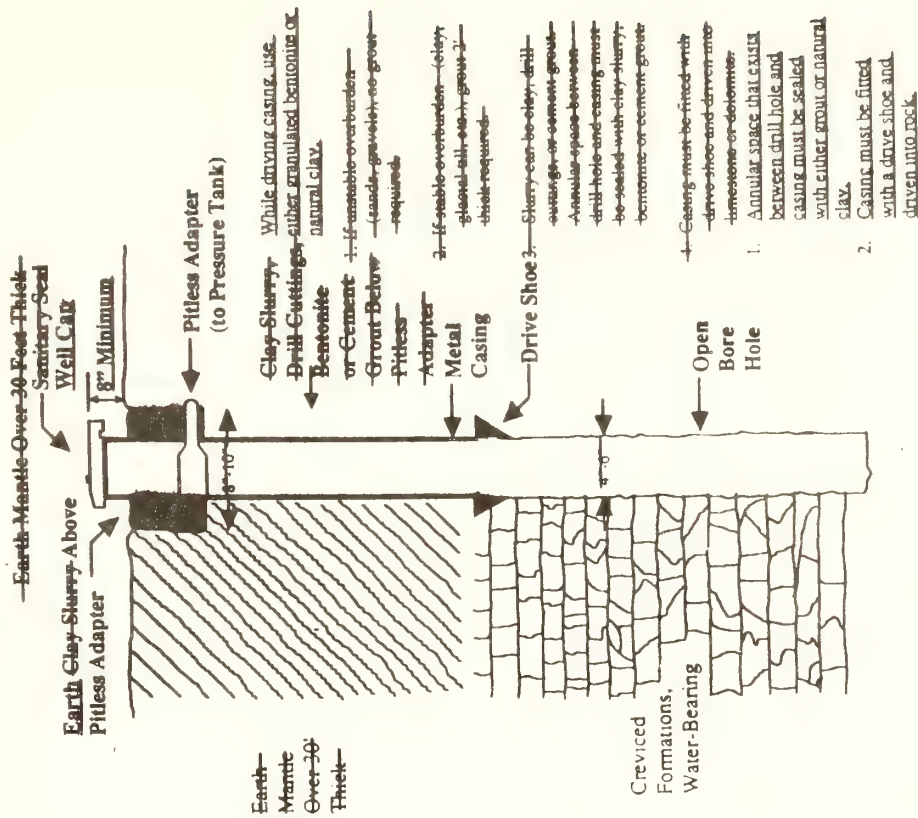
NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION F--Crevice Formations: Earth Cover Over 30 Feet Thick -- Mechanically Driven Casing

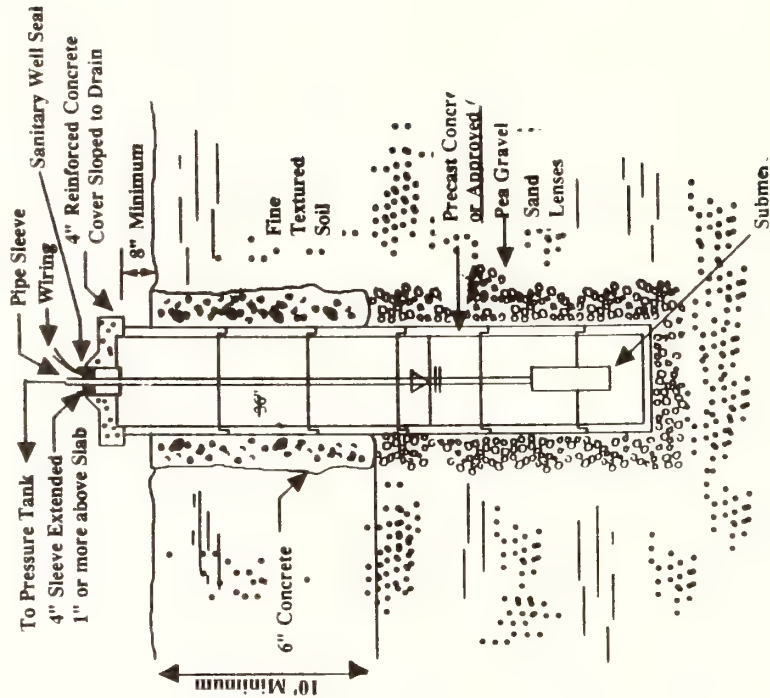


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(Source: Former Section 920. Illustration F renumbered to Section 920. Illustration G; new Section 920. Illustration F added at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION GF--Bored or Dug Well - Well Not Finished With Buried Slab



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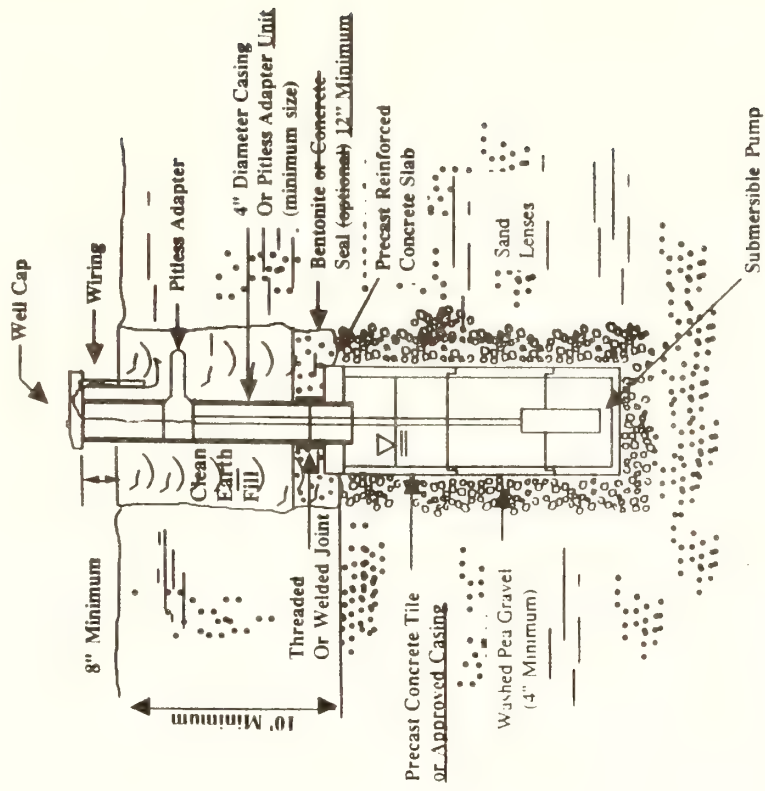
NOTICE OF PROPOSED AMENDMENTS

(Source: Former Section 920. Illustration G renumbered to Section 920. Illustration H; new Section 920. Illustration G renumbered from Section 920. Illustration F and amended at 21 Ill. Reg. _____, effective _____.)

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Section 920. ILLUSTRATION HG--Bored or Dug Well - Buried Slab Construction



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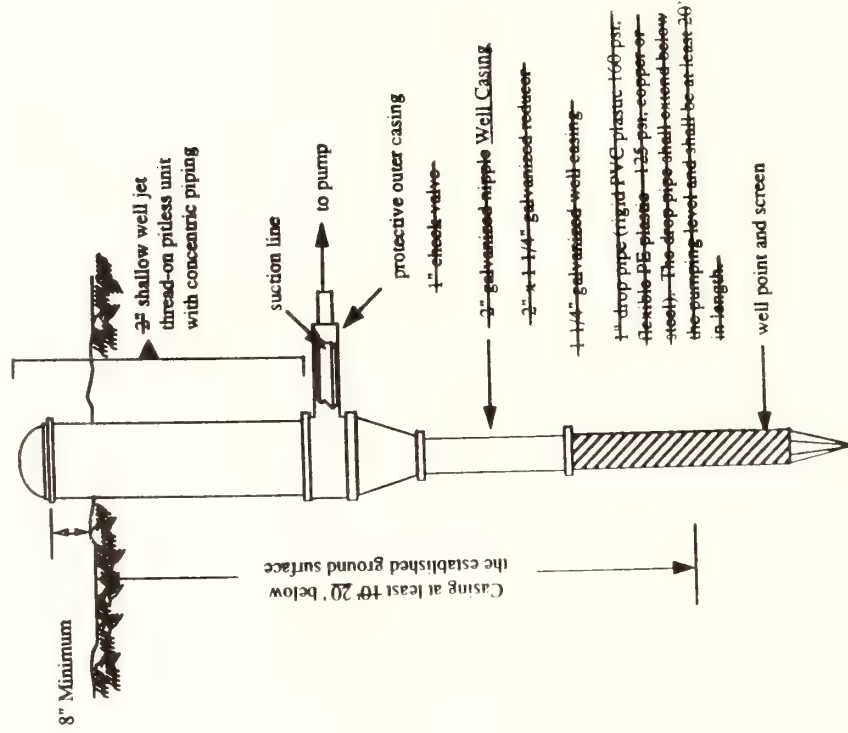
NOTICE OF PROPOSED AMENDMENTS

(Source: Former Section 920.Illustration H renumbered to Section 920.Illustration I; new Section 920.Illustration H renumbered from (20.Illustration G and amended at 21 Ill. Reg. _____, effective _____)

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Section 920.ILLUSTRATION IH--Installation of a Driven Well



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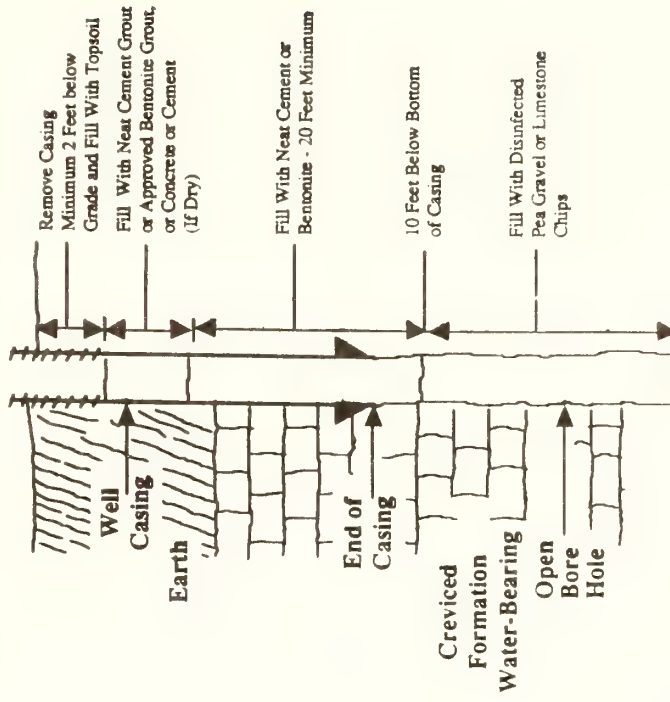
NOTICE OF PROPOSED AMENDMENTS

(Source: Former Section 920.Illustration H renumbered to Section 920.Illustration I and amended at 21 Ill. Reg. _____, effective _____)

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Section 920.Illustration J Sealing an Abandoned Well - Extending into a Creviced Formation

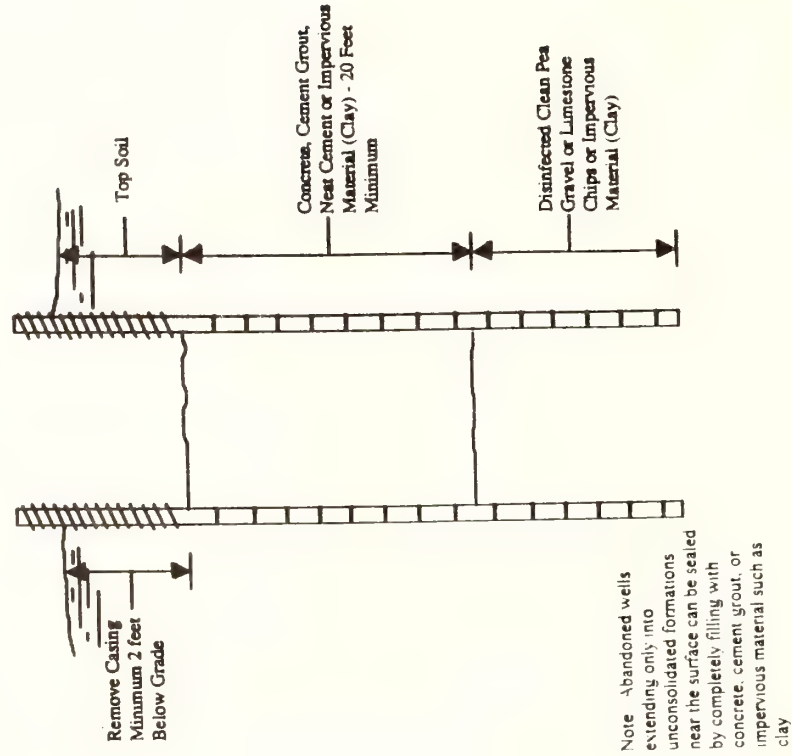


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(Source: Added at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION K Sealing an Abandoned Dug or Bored Well

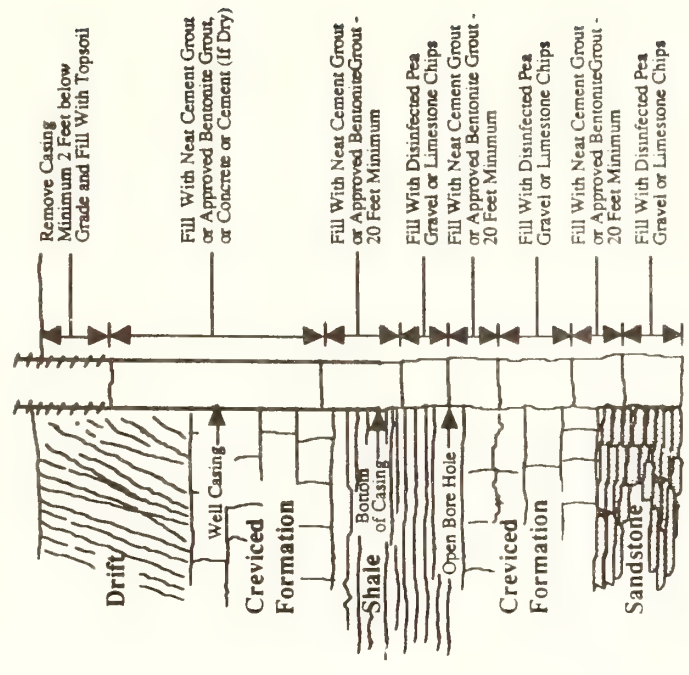


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(Source: Added at 21 Ill. Reg. _____, effective _____)

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Section 920. ILLUSTRATION L Sealing an Abandoned Well Extending into More Than One Water Bearing Formation



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(Source: Added at 21 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Illinois Water Well Pump Installation Code
- 2) Code Citation: 77 Ill. Adm. Code 925
- 3) Section Numbers:
925.10 Amendment
925.15 Amendment
925.30 Amendment
925.40 Amendment
925.Table A New
- 4) Statutory Authority: Illinois Water Well Pump Installation Code [415 ILCS 35]
- 5) A Complete Description of the Subjects and Issues Involved: Section 925.10. Adds definitions for "finished ground surfaces" and "pitless adapter units" to be consistent with the Water Well Construction Code (77 Ill. Adm. Code 920).
- Section 925.15. Updates the reference to the National Electrical Code from the 1987 edition to the 1996 edition. Deletes the Water Systems Council's Standard for pitless adapters. Pitless adapters must comply with the National Standard Foundation's Standard 56.
- Section 925.30. Clarifies that a variance shall first be approved before pump installation can commence.
- Section 925.40. Deletes the Water Systems Council's Standard for pitless well adapters. Establishes requirements for the installation of water sampling faucets. Also establishes requirements for reporting the installation of water well pipes.
- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No
- 7) Does this Rulemaking Contain an Automatic Repeal Date? No
- 8) Does this Rulemaking Contain any Incorporations by Reference? Yes
- 9) Are there any Other Proposed Amendments Pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any state mandates on units of local government.
- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

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Gail M. DeVito

Division of Governmental Affairs
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
(217)782-6187

These rules may have an impact on small businesses. Small businesses commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For-Profit Corporations Affected: Water well pump installers.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: Water well pump installation reports.

C) Types of Professional Skills Necessary for Compliance: Water well pump installer's license.

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the two most recent regulatory agendas because: This rulemaking was not anticipated when the Department filed its most recent regulatory agenda.

The full text of the proposed amendments begin on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER I: WATER AND SEWAGE

PART 925

ILLINOIS WATER WELL PUMP INSTALLATION CODE

Section
925.10 Definitions
925.15 Incorporated Materials
925.20 Scope
925.30 General Requirements
925.40 Pump Installation
925.50 Disinfection and Samples

TABLE A Approved Materials for Water Service Pipe

ILLUSTRATION A Backflow Preventer Check Valve For Agricultural Wells

AUTHORITY: Implementing and authorized by the Illinois Water Well Pump Installation Code [415 ILCS 35].

SOURCE: Adopted September 12, 1973; amended at 2 Ill. Reg. 42, p. 35, effective October 16, 1978; rules repealed, new rules adopted and codified at 7 Ill. Reg. 9662, effective August 1, 1983; amended at 13 Ill. Reg. 11816, effective July 1, 1989; amended at 15 Ill. Reg. 18227, effective January 1, 1992; amended at 21 Ill. Reg. _____, effective _____.

Section 925.10 Definitions

"Approved Basement" means a room below ground surface, under a building and having adequate drainage not subject to backflow of liquid waste.

"Backflow Preventer" means a device that prevents backflow into a water well. The purpose of a backflow preventer is to prevent contaminated water or liquids from being siphoned or pushed from back pressure into a water well.

"Casing" means the pipe installed in a drilled hole to give unobstructed access to a water-bearing formation and includes the riser pipe of a buried slab type dug or bored well.

"Chemical Injection System" means any device or combination of devices having hose, pipe or other methods of conveyance which connect directly to any water well through which a mixture of water, pesticides and fertilizer are mixed or are drawn and applied to land, crops, and/or plants at agricultural, nursery, turf, golf course, or greenhouse sites.

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"Contamination" means a change of the biological, chemical, or physical quality of a water so that it is actually or potentially injurious or harmful to the health of the user.

"Department" means the Illinois Department of Public Health.

"Finished Ground Surface" means the final or permanent elevation of the ground surface at the site of the well.

"Pipe Sleeve" means a pipe case in the cover slab of a dug or bored well to provide an entrance for pump components or use for venting, disinfection, or water level determination.

"Pitless Adapter Unit" means a factory assembled device consisting of the pitless adapter, a mechanism which attaches to the well casing, and a well casing riser in a single unit for the purpose of preventing contaminants from entering the well.

"Pitless Well Adapter" means an assembly of parts which will permit water to pass through the wall of the well casing or extension thereof; provides access to the well and to the parts of the water system within the well; and provides for the transportation of the water and the protection of the well and water therein, from surface or near surface contamination. Parts or appurtenances to a pitless well adapter include, but are not limited to, the vent, the device(s) on or in the wall of the casing, and the cap or cover on the top of the casing or casing extension.

"Pump Installation" means the procedure employed in the placement and preparation for operation of equipment and materials utilized in withdrawing or obtaining water from a well, including all construction involved in making entrance into the well and establishing such seals and safeguards as may be necessary to protect such water from contamination.

"Well Cap" means that portion of the pitless adapter used to enclose the atmospheric termination of the casing, which shall overlap the top of the casing extension with a downward flange.

"Water Well" means any excavation that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial recharge, or acquisition of ground water, except monitoring wells.

"Water Well Pumps and Equipment" means any equipment or materials utilized or intended for use in withdrawing or obtaining water from a well including pumps, seals, pressure tanks, fittings, and controls.

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"Well Seal" means an arrangement or device used to establish a watertight closure at the junction of a well pump piping with the well casing cover at the upper terminal of the well, the purpose of which is to prevent contaminated water or other material from entering the well.

"Well Vent" means an opening at the upper terminal of a well to provide for equalization of air pressure in the well or the release of gases.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 925.15 Incorporated Materials

The following federal and State regulations, standards, and statutes are incorporated or referenced in various Sections of this Part:

- a) The following standards are incorporated by reference: ~~the following federal and state regulations, standards, and statutes are incorporated or referenced in various Sections of this Part:~~
 - 1) ~~Illinois Water Well and Pump Installation Contractor's License Act [225 ILCS 345]~~
 - 2) ~~Illinois Plumbing Code (77 Ill. Adm. Code 890) Illinois Department of Public Health~~
 - 5) ~~Pitless Adapters-Standard-Number-17-March-1987-Edition Water Systems Council 600-South-Federal-Street Chicago-60605~~
- b) The following statutes and rules are referenced in this Part:
 - 1) ~~Illinois Water Well and Pump Installation Contractor's License Act [225 ILCS 345]~~
 - 2) ~~Illinois Plumbing Code (77 Ill. Adm. Code 890) Illinois Department of Public Health~~
 - 5) ~~Pitless Adapters-Standard-Number-17-March-1987-Edition Water Systems Council 600-South-Federal-Street Chicago-60605~~
- c) ~~All incorporations by reference for federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.~~
- d) ~~All materials incorporated by reference are available for inspection~~

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and copying at the Department's Central Office, Division of Environmental Health, 525 West Jefferson - Third Floor, Springfield, Illinois 62761.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 925.30 General Requirements

- a) Installation Contractor. Installation of pumps or equipment shall be made only by or under supervision of persons, firms or corporations holding a valid license under the Illinois Water Well and Pump Installation Contractor's License Code [415 ILCS 35] Act--1111--Rev-Stat--1989--ch--1117--par--7101--et--seq-- unless exempt from the provisions of that Act.
- b) Variance. If conditions exist at a proposed installation site which preclude compliance with the requirements of this Part, a variance shall be requested and shall be approved before pump installation begins. The contractor may request a variance by submitting to the Department a written request outlining a specific proposal to be used in lieu of compliance with this Part. The Department shall approve the variance if the proposal is in accord with accepted public health and sanitary engineering principles and practices, and if the resulting water well pump installation can be expected to provide a continuously safe and sanitary water supply. The Department shall notify the applicant in writing of its decision either to grant or deny the variance. Factors to be considered in the approval of variance proposals will include location of pump installation, sources of potential contamination, depth to water table, past sampling history of the well, the type and location of the pump and other geological conditions at individual installations.
- c) Well Seals. Where existing wells have buried well seals, the seal shall be replaced with a pitless well adapter, or the casing shall be extended above the ground surface in accordance with Section 920.90(c) of the Illinois Water Well Construction Code (77 Ill. Adm. Code 920) when the existing well seal is removed.
- d) Yard Hydrants. All yard hydrants shall be installed in accordance with the requirements of the Illinois Plumbing Code, Section 890.1140(e)(2) as follows:
 - 1) All hydrants with threaded spigots shall have backflow protection attached to the hydrant spigot.
 - 2) Hydrants with buried drain down (weep) holes shall have the weep holes protected from groundwater backup by proper open site drainage. A backflow preventer shall not be used on the buried drain down (weep) hole to protect the hydrant from groundwater backup.
 - 3) All hydrants shall be at least 10 feet from the well.

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(Source: Amended at 21 Ill. Reg. _____, effective _____)

Section 925.40 Pump Installation

- a) Upper Well Terminal. Well casing and pitless well adapters shall terminate not less than eight-~~4~~ 8 inches above the finished ground surface or pump house floor and at least 24 inches above maximum high water level in areas where flooding is likely to occur. No casing shall be cut off or cut into below ground level except to install a pitless well adapter.
- b) Well Pits
 - 1) No new well pits shall be allowed.
 - 2) Existing pits will be accepted if the following conditions exist:
 - A) The pit shall be structurally sound and watertight. The casing shall extend at least ~~twelve-4~~ 12 inches above the pit or basement floor and have a well seal to prevent contaminants from entering the well.
 - B) A watertight manhole and cover must be provided for the pit.
 - 3) No existing well pit shall be modified to comply with subsection (b)(2) of this Section ~~Section-925-40(b)(2)-above~~. Existing pits which are not in compliance with subsection ~~Section-925-40~~ (b)(2) shall be eliminated and the floor or one wall of the pit shall be broken or removed and the pit shall be filled with compacted earth.
- c) Pitless Well Adapter-
 - 1) Installation and Approval. No well casing shall be cut off or cut into below ground surface except to install a pitless well adapter below the frost level. Pitless well adapters or pitless units installed on plastic well casing shall be pressurized at the point of attachment with the well casing, unless the pitless unit is solvent welded onto the plastic well casing and the riser casing of the pitless unit is plastic. Pitless well adapters installed on steel well casing shall be pressurized at the point of attachment with the well casing, unless the pitless unit is threaded or welded onto the well casing. ~~threaded--into--a--well casing--coupling-~~ Pitless well adapters shall comply with the requirements of the ~~National--Sanitation--Foundation--(NSF)~~ International Standard Number 56 entitled Pitless Well Adapters ~~November-1986-edition-and-shall-bear--the--NSF--seal--or--shall comply--with--the--requirements--of--the--Pitless-Adapter-Standard Number-i-dated-March-1987--as--published--by--the--Water--Systems Council~~ and shall be tested and approved as meeting this standard by Allied Laboratories, 716 North Iowa Avenue, Villa Park, Illinois, and shall be listed by the Department as meeting this standard ~~Water--Systems--Council--indicating--conformance--with--the Pitless-Adapter--Standard--Number--i-----Pitless--well-----adapters approved--by--this--Department--prior--to--July-17-1983-shall-continue~~

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~~to-be-approved-until-January-17-1992-after-which-they-shall-be approved-in-accordance-with-this-subsection.~~ A list of approved pitless well adapters will be periodically updated and a copy of this list may be obtained from the Department. The annular opening between the well casing and the well bore hole or any excavation made to install the pitless adapter shall be filled with compacted earth to minimize settling and mounded to provide drainage away from the well. The contractor installing the pitless well adapter shall be responsible for the installation of the earth backfill.

2) Well Caps. There shall be no openings through the well cap except for a factory installed vent, air line and power supply wiring, unless a proposal is submitted to and approved by the Department. To be approved, the proposal must show that any entrance into the well cap is watertight and meet the following conditions:

- A) Prevent surface water from entering the water supply.
 - B) Be secured in position.
 - C) Be removable with tools only.
 - D) Be resistant to weathering and corrosion.
- d) Hand Pumps. Hand pumps shall be of the force type equipped with a packing gland around the pump rod, a delivery spout which is closed and downward directed, and a one-piece bell type base which is part of the pump stand or is attached to the pump column in a watertight manner. The bell base of the pump shall be securely attached to the casing or pipe sleeve.
- e) Power Driven Pumps. The design and operating principles of each type of power driven pump determines where each may be located with respect to a well. The location selected for the pump determines what factors must be considered to make an acceptable installation.

1) Location Above Well. Any power driven pump located over a well shall be so mounted on the well casing, pipe sleeve, pump foundation or pump stand that a watertight closure is or can be made for the open end of the casing or sleeve. The pump base bolted with a neoprene or rubber gasket or equivalent watertight seal to a foundation or plate provides an acceptable seal. On large pump installations, the bolting may be omitted when the weight of pump and column is sufficient to make a watertight contact with the gasket. If the pump unit is not located over the casing or pipe sleeve, but the pump delivery or suction pipe emerges from the top of the well, a well seal or equivalent shall be installed between the well casing and pipe to provide a watertight closure.

2) Location in Well. This type of location is permissible for submersible pumps only. When the discharge line leaves the well at the top of the casing, the opening between the discharge line and casing or pipe sleeve shall be sealed watertight with a well seal or equivalent device. When an underground discharge is

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desired, a pitless well adapter shall be installed. A check valve shall not be permitted between the well and the inlet side of the pressure tank.

3) Offset From Well. Pumps offset from the well, if not located in an above ground pump house or other building, may be located in an approved basement provided the pump and all suction pipes are elevated at least 12 inches above the floor. All portions of suction lines buried below the ground surface between the well and the pump shall be enclosed in a pressure discharge line maintained at system pressure.

f) Vents. Vent piping shall be of adequate size to allow equalization of air pressure in the well and where wells are greater than four inches in diameter, the vent shall be not less than one-half inch in diameter. Vent openings shall be located in such a manner as to prevent contamination of the well. The vent opening shall terminate at least 8 inches above the finished grade and shall be turned down, secured in position, reasonably tamper proof, and be screened with not less than 24-mesh durable screen or filtered in such a manner as to prevent the entry of insects and shall terminate at least 8 inches above finished ground surface. Particular attention shall be given to proper venting of wells in areas where toxic or inflammable gases are known to be a characteristic of the water. If determined that either of these types of gases are present, all vents when located in buildings shall be extended to discharge outside of the building at a height where they will not be a hazard. Venting is required on all wells except driven water wells or flowing water wells.

g) Pump Bearing Lubrication. Lubrication of bearings of power driven pumps shall be with water or oil which will not adversely affect the quality of the water to be pumped.

1) Water Lubrication. If a storage tank is required for lubrication of water, it shall be designed to protect the water from contamination.

2) Oil Lubrication. The reservoir shall be designed to protect the oil from contamination. The oil shall not contain substances which will cause odor or taste to the water pumped.

h) Electrical Installations. All electrical installations shall be performed and maintained in accordance with the National Electrical Code 1996 1987 edition.

i) Backflow Prevention For Chemical Injection Systems.

1) Non-Potable Water Wells. Where a chemical injection system is connected directly to a water well used for irrigation and which is not used as a potable water supply, a single check spring loaded backflow preventer shall be installed between the point of chemical injection on the pump discharge piping and the water well in accordance with the manufacturer's instructions. The backflow device (see See Illustration A) shall be provided with the following:

A) Valving so that water can be drained from the system to

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- prevent freezing.
- B) A vacuum relief valve to prevent backsiphoning of chemicals into the well.
 - C) An automatic low pressure drain at least 3/4 inches in diameter, positioned so that when draining occurs liquid will run away from the well. At new installations, the low pressure drain shall be at least six inches above grade. The automatic low pressure drain shall quickly drain the check valve body of water when operation of the water well pump is discontinued.
 - D) A watertight seal around the check valve.
 - E) An inspection port four inches in diameter to allow inspection of the operation of the check valve.
 - F) The check valve shall withstand a minimum hydraulic pressure of 150 psi without leaking.
- 2) Existing chemical injection systems connected directly to a water well shall be brought into compliance with this Section by January 1, 1996. When modifications, reconstruction, or repairs to the chemical system are made or where removal of the pump takes place, the chemical system and well shall conform to this Section.
- 3) The water well pump and the chemical injection pump shall be electrically connected so that when the water well pump stops, the chemical pump will shut off automatically.
- 4) All backflow devices which meet the requirements of subsections (i)(1)(A) through (F) are approved for this purpose. The Department shall establish and make available a list of all such backflow devices.
- j) Piping Material. All piping from the pitless adapter of a potable water well to the pressure tank shall be watertight and a minimum of 160 P.S.I. rating at 73.4°F (+ or - 3.6°F), and shall conform to the materials required for water service pipe or water--distribution--pipe as listed in Section 990. Appendix A Exhibit-6, Table AB Approved Materials for Water Service Pipe of the Illinois Plumbing Code (77 Ill. Adm. Code 890) or listed in Table A of this Part. All piping used in the chemical injection system shall be chemically compatible with the chemical product being applied.
- k) Sampling Faucets. Provision shall be made for the collection of water samples by installing a down turned smooth nosed faucet, not less than 12 inches above the floor, in a convenient location between the water well and the pressure tank or as near to the well as possible.
- l) Reports. When a water well pump has been installed in a new well or when a pump size is changed or the pump setting depth is changed in an existing well, the contractor shall submit a report of pump installation within 30 days to the Department, or approved local health department, on such forms as are prescribed and furnished by the Department.

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(Source: Amended at 21 Ill. Reg. _____, effective _____)

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Section 925. Table A Approved Materials for Water Service Pipe

Material	Standard
1) <u>Acrylonitrile Butadiene Styrene (ABS) Pipe</u>	ASTM D 1527-1988
<u>Joints</u>	ASTM D 2282-1988
<u>Solvent Cement (1)</u>	ASTM D 2235-1988
<u>Solvent Cement (1)</u>	ASTM D 2235-1988
2) <u>Brass Pipe</u>	ASTM B 43-1988
3) <u>Cast Iron (ductile iron) Water Pipe</u>	ASTM A 377-1984
4) <u>Chlorinated Polyvinyl Chloride (CPVC) Pipe</u>	ASTM D 2846-1988
<u>Joints</u>	ASTM F 441-1988
<u>Solvent Cement (orange) (1)</u>	ASTM F 442-1988
<u>Solvent Cement (orange) (1)</u>	ASTM F 493-1988
5) <u>Copper/Copper Alloy Pipe</u>	ASTM B 42-1988
6) <u>Copper/Copper Alloy Tubing</u>	ASTM B 302-1988
7) <u>Polyethylene (PE) Pipe</u>	ASTM B 88-1988
8) <u>Polyethylene (PE) Tubing</u>	ASTM D 2239-1988
9) <u>Polyvinyl Chloride (PVC) Pipe</u>	ASTM D 2737-1988
<u>Joints</u>	ASTM D 1785-1988
<u>Primer</u>	ASTM D 2241-1988
<u>Solvent Cement (1)</u>	ASTM D 2672-1988
<u>Solvent Cement (1)</u>	ASTM D 2855-1988
<u>Solvent Cement (1)</u>	ASTM F 656-1988
<u>Solvent Cement (1)</u>	ASTM D 2564-1988

1 Solvent cement must be handled in accordance with ASTM F 402-1988.

(Source: Added at 21 Ill. Reg. _____, effective _____)

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Heading of the Part: Telecommunications Excise Tax

- 1) Heading of the Part: Telecommunications Excise Tax
- 2) Code Citation: 86 Ill. Adm. Code 495
- 3) Section Numbers:
495.100 Proposed Action:
495.120 Amendment
495.120 Amendment
- 4) Statutory Authority: 35 ILCS 630/17

5) A Complete Description of the Subjects and Issues Involved: These rules amend Section 495.100 to provide that charges for answering services, whether provided by "live" operators or by electronic voice mail, are not "gross charges" subject to tax. If such charges are provided in connection with taxable telecommunications, they must be disaggregated and separately identified on customer billing statements in order to be excluded from "gross charges" subject to tax.

The rules also amend Section 495.120 to provide that when telecommunications retailers provide services for which the customer's service address is not a fixed location (e.g., cellular phones), the Department shall use the location of the customer's primary use of the telecommunications equipment, as defined by telephone number, authorization code or location in Illinois where bills are sent, as the service address for the purpose of determining whether tax is due.

- 6) Will this proposed rule replace an emergency rule currently in effect: No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part: No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create a State Mandate, nor does it modify any existing State Mandates.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

Jerilynn Gordon
Senior Counsel
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, IL 62794

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(217) 782-2844

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: These rules will affect telecommunications retailers who provide mobile operations and answering services.
- B) Reporting, bookkeeping or other procedures required for compliance: No new reporting procedures are required by these regulations. Retailers may wish to disaggregate charges on customer billing statements under Section 495.100.
- C) Types of professional skills necessary for compliance: General tax/bookkeeping skills which are currently required.

13) Regulatory Agenda on which this rulemaking was summarized: January 1997

The full text of the Proposed Amendment(s) begins on the next page:

DEPARTMENT OF REVENUE

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TITLE 86: REVENUE

CHAPTER I: DEPARTMENT OF REVENUE

PART 495

TELECOMMUNICATIONS EXCISE TAX

Section	Meaning of "Gross Charges"
495.100	Exemptions
495.105	Retailers
495.110	Interstate
495.115	Mobile Operations Reporting Option
495.120	Responsibility for Accounting and Payment of Tax
495.125	Credits
495.130	

AUTHORITY: Implementing the Telecommunications Excise Tax Act [35 ILCS 630] and authorized by Section 17 of the Telecommunications Excise Tax Act [35 ILCS 630/17].

SOURCE: Adopted at 14 Ill. Reg. 11321, effective July 1, 1990; amended at 21 Ill. Reg. _____, effective _____.

Section 495.100 Meaning of "Gross Charges"

- a) "Gross Charge" means the amount paid for the act or privilege of originating or receiving telecommunications in this State and for all services and equipment provided in connection therewith by a retailer, valued in money, whether paid in money or otherwise, including cash, credits, services and property of every kind or nature, and shall be determined without any deduction on account of the cost of such telecommunications, the cost of materials used, labor or service cost or any other expense whatsoever. (Section 2(a) of the Telecommunications Excise Tax Act (the Act) [35 ILCS 630/2(a)] ~~shall be determined without any deduction on account of the cost of such telecommunications, the cost of materials used, labor or service cost or any other expense whatsoever. (Section 2(a) of the Telecommunications Excise Tax Act (the Act) [35 ILCS 630/2(a)]~~ ~~Rev. Stat., ch. 120, par. 2-202(a)). A retailer may provide services to customers which are not provided in connection with originating or receiving telecommunications. If such services are not necessary for or directly related to the retailer's provision of telecommunications to customers and the charges for such services are disaggregated and separately identified from other charges, the charges need not be included in "Gross Charges". Without limitation, examples of such services not included in "Gross Charges" are directory advertising; specialized designing and/or engineering services; specialized security measures; and consulting services.~~ Gross Charges shall not include charges for customer equipment, including such equipment that is leased or rented by the customer from any source, wherein such charges are disaggregated and separately identified from other charges (Section 2(a)(4) of the Act). Customer equipment includes, but is not limited to, all items generally
- b)

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classified as customer equipment or terminal equipment, such as telephone instruments and station sets, dialers, modems, private branch exchanges (PBX's), inside wiring, facsimile machines, pagers and non-electronic associated items such as documentation, manuals and furniture. Such items of customer equipment, including maintenance and miscellaneous services may be leased, rented or sold to one customer or a group of customers without being included in the gross charges, but will be subject to Retailers' Occupation or Use Taxes. To be exempt, the charges for customer equipment must be disaggregated and separately identified from other charges on the customer's billing statement.

- c) Gross charges does not include charges for the storage of data or information for subsequent retrieval or charges for the processing of data or information intended to change its form or content (Section 2(a)(3) of the Act). Charges for answering services, for example, whether provided electronically or by live operators, represent charges for the storage of information or data for subsequent retrieval, and are not subject to tax, provided that these charges, if provided in connection with taxable telecommunications, are disaggregated and separately identified on customer billing statements. Charges for automated data storage, retrieval and processing services or for the use of computer time or other equipment are not included in gross charges. Automated information retrieval or data processing charges are not included in gross charges. For example, a customer who accesses an on-line computer data base would not be subject to tax on the charge for the data processing or inquiry, but would be subject to tax on the charge for the transmission of the data. If a telecommunications retailer provides both transmission and data processing services, the charges for each must be disaggregated and separately identified on customers' billing statements and in the books and records of the retailer.

- d) Value added services in which computer processing applications are used to act on the form, content, code and protocol of the information for purposes other than transmission are exempt (Section 2(c) of the Act). For example, the charges for computer data, protocol conversions which permit computers to exchange data, no matter which languages or protocols a computer's out-put may be in, and packet-switching, which groups data into packets for efficiency of transmission, would be exempt.

- e) Advertising revenue either from directory sales (yellow pages) or from message additions to telecommunications service are not included in gross charges. For example, revenues from an advertising message preceding a time/weather call are not included in gross charges.

- f) Contributions to a telethon fund-raising campaign are not included in gross charges.

- g) Gross charges shall include, but are not limited to, charges for unlisted or unpublished numbers, operator assistance, directory information, call-waiting, call-forwarding, and burglar alarm

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services, ~~and answering~~ services provided by telecommunications retailers.

- h) A caller located in Illinois who calls a 900 number and receives a billing for that call at his service address, will have made a call subject to Telecommunications Excise Tax. The invoice to the caller for a 900 number call need not separately state the line charge and tax thereon specifically. However, the telecommunications retailer is responsible for remitting the tax due on the line charge.

- i) Gross charges shall include the transmission charges for premium services. Time/weather, gab line/party line and other public announcement services of information and entertainment, and charges for the message content or information of such services, are not included in gross charges.

Example: A call to a 900 code number is made to register an opinion in a poll. The caller is billed \$1.00. \$.80 is the transmission charge. \$.80 is included in gross charges.

- j) Charges for billing and collection received by telecommunications retailers from persons selling services or products to the telecommunications retailer's customers, which are billed and collected by the telecommunications retailer, are not included in gross charges.

Example: A call to a 900 code number to sell a product is billed by the telecommunications retailer as follows:

\$25.00 service charge to caller for product or service

\$.30 call charge (15¢ call, 15¢ billing and collection)

\$.15 billing and collection charge is not included in gross charges

\$25.00 is not included in gross charges

\$.15 is included in gross charge

- k) Billing and collections charges paid by persons selling services or products to telecommunications retailer's customers or billing and collections charges paid by telecommunications retailers to credit card companies whose holders have charged calls are not includable in gross charges.

- l) Taxes imposed on consumers for community 911 service, life-line service or other services required by regulatory authorities or government are not includable in gross charges.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

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- a) Retailers of telecommunications who provide cellular phone, mobile radio, paging and other services where the customer's service address is in fact not a fixed site, but rather a motor vehicle or other mobile location, shall use the location of the customer's primary use of the telecommunications equipment, as defined by telephone number, authorization code, or location in Illinois where bills are sent, ~~billings--address-in-Illinois-of-their-customer~~ as the service address for the purpose of determining whether tax is due on services charged to the customer. For instance, a cellular phone customer whose bill is sent to a Missouri address but who maintains an Illinois telephone number would be subject to tax.

- b) The Department will not require retailers to attempt to apportion traffic or gross charges based upon the physical location of a mobile portable telecommunications device at the time service is provided. For example, a retailer providing service to a cellular phone customer shall charge Telecommunications Excise Tax on all traffic billed to an Illinois address unless there is evidence in the books and records of the retailer that a call was originated from a location outside this State and terminated outside this State.

(Source: Amended at 21 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Cancellation, Revocation or Suspension of Licenses or Permits
- 2) Code Citation: 92 Ill. Adm. Code 1040
- 3) Section Numbers: 1040.20
Proposed Action: Amendment
- 4) Statutory Authority: Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)] and Chapter 6 of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6].
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking is being proposed to incorporate recently enacted legislation.
- 6) Will this proposed rulemaking replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed rulemaking contain incorporations by reference? No
- 9) Are there any other amendments pending on this part? Yes.

Section Number	Proposed Action	Illinois Register Citation
1040.32	Amendment	21 Ill. Reg. 3060 (March 14, 1997)
1040.70	Amendment	21 Ill. Reg. 4398 (April 11, 1997)

- 10) Statement of Statewide Policy Objective: This rulemaking will have no effect on units of local government.

- 11) Time, place and manner in which interested persons may comment on this proposed rulemaking: The Secretary of State will fully consider all comments received within 45 days of the date this notice is published. All comments must be in writing and should be sent to:

Mark A. Novak
Assistant Counsel to the Secretary
2701 S. Dirksen Parkway
Springfield, IL 62723
217/782-5356

- 12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None

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B) Reporting, bookkeeping or other procedures required for compliance:
None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 1997

The full text of the proposed rule begins on the next page:

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TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1040

CANCELLATION, REVOCATION OR SUSPENSION OF LICENSES OR PERMITS

Section

- 1040.10 Court to Forward Licenses and Reports of Convictions
- 1040.20 Illinois Offense Table
- 1040.25 Suspension or Revocation for Driving Without a Valid Driver's License
- 1040.30 3 Or More Traffic Offenses Committed Within 12 Months
- 1040.31 Operating A Motor Vehicle During a Period of Suspension or Revocation
- 1040.32 Suspension or Revocation of Driver's Licenses, Permits or Identification Cards Used Fraudulently
- 1040.35 Commission of an Offense Requiring Mandatory Revocation or Discretionary Suspension or Revocation Upon Conviction
- 1040.38 Commission of a Traffic Offense in Another State
- 1040.40 Repeated Convictions or Collisions
- 1040.41 Suspension of Licenses for Curfew Violations
- 1040.42 Fleeing and Eluding
- 1040.43 Illegal Transportation
- 1040.46 Fatal Accident and Personal Injury Suspensions or Revocations
- 1040.48 Vehicle Emission Suspensions
- 1040.50 Suspension or Revocation of a License of Commercial Vehicle Driver
- 1040.55 Suspension or Revocation for Driver's License Classification Violations
- 1040.60 Release of Information Regarding a Disposition of Court Supervision
- 1040.65 Offenses Occurring on Military Bases
- 1040.66 Invalidation of a Restricted Driving Permit
- 1040.70 National Driver Register
- 1040.80 Cancellation of Driver's License Upon Issuance of a Handicapped Identification Card
- 1040.100 Rescissions
- 1040.101 Reinstatement Fees
- 1040.102 Bankruptcy for Suspensions, Cancellations, Failure to Pay and Returned Checks Actions

AUTHORITY: Implementing Articles II and VII of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Arts. II and VII] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

SOURCE: Filed September 22, 1972; amended at 3 Ill. Reg. 26, p. 282, effective June 30, 1979; amended at 5 Ill. Reg. 3533, effective April 1, 1981; amended at 6 Ill. Reg. 4239, effective April 2, 1982; codified at 6 Ill. Reg. 12674; amended at 8 Ill. Reg. 2200, effective February 1, 1984; amended at 8 Ill. Reg. 3783, effective March 13, 1984; amended at 8 Ill. Reg. 18925, effective September 25, 1984; amended at 8 Ill. Reg. 23385, effective November 21, 1984;

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amended at 10 Ill. Reg. 15265, effective September 4, 1986; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 11 Ill. Reg. 20659, effective December 8, 1987; amended at 12 Ill. Reg. 2148, effective January 11, 1988; amended at 12 Ill. Reg. 14351, effective September 1, 1988; amended at 12 Ill. Reg. 15625, effective September 15, 1988; amended at 12 Ill. Reg. 16153, effective September 15, 1988; amended at 12 Ill. Reg. 16906, effective October 1, 1988; amended at 12 Ill. Reg. 17120, effective October 1, 1988; amended at 13 Ill. Reg. 1593, effective January 23, 1989; amended at 13 Ill. Reg. 5162, effective April 1, 1989; amended at 13 Ill. Reg. 7802, effective May 15, 1989; amended at 13 Ill. Reg. 8659, effective June 2, 1989; amended at 13 Ill. Reg. 17087, effective October 16, 1989; amended at 13 Ill. Reg. 20127, effective December 8, 1989; amended at 14 Ill. Reg. 2944, effective February 7, 1990; amended at 14 Ill. Reg. 5178, effective April 1, 1990; amended at 14 Ill. Reg. 5560, effective April 13, 1990; amended at 14 Ill. Reg. 18088, effective October 22, 1990; amended at 15 Ill. Reg. 14258, effective September 24, 1991; amended at 17 Ill. Reg. 8512, effective May 27, 1993; amended at 17 Ill. Reg. 9028, effective June 2, 1993; amended at 17 Ill. Reg. 12782, effective July 21, 1993; amended at 18 Ill. Reg. 7447, effective May 3, 1994; amended at 18 Ill. Reg. 10853, effective June 27, 1994; amended at 18 Ill. Reg. 11644, effective July 7, 1994; amended at 18 Ill. Reg. 16443, effective October 24, 1994; amended at 20 Ill. Reg. 2558, effective January 26, 1996; amended at 21 Ill. Reg. _____, effective _____.

Section 1040.20 Illinois Offense Table

a) The conviction report furnished to the Driver Services Department by the court where a person was convicted of a traffic violation shall be entered upon the driving record by classification (type action) and used as a source of information. In the absence of Statutory Amendment, the following rules shall be followed and the number of points assigned to a person's driving record shall be determined by using the point table set out herein.

1) Classification for convictions of traffic offenses:\$

- Type action 68: Record History Item Only
 Type action 82: Conviction
 Type action 83: Immediate action (no points assigned)
 Type action 85: Conviction (no points assigned)
 Type action 87: Conviction (points assigned)
 Type action 89: Withdrawal (no points assigned)
 Type action 93: Immediate action bond forfeiture (no points assigned)
 Type action 94: Immediate action conviction (no points assigned)
 Type action 95: Bond forfeiture (no points assigned)
 Type action 96: Conviction (no points assigned)
 Type action 97: Bond forfeiture (points assigned)
 Type action 99: Conviction (points assigned)
- 2) Description of Offense: The code used to describe the offense is composed of the chapter and/or Section number of The Illinois

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Rules, of the Road of the Illinois Vehicle Code [625 ILCS 5/Ch. 11], the Municipal Code of the City of Chicago (Municipal Code of Chicago, ch. 27) or the Criminal Code of 1961 [720 ILCS 5], the Cannabis Control Act [720 ILCS 550], the Illinois Controlled Substances Act [720 ILCS 570] or the Liquor Control Act of 1934 [235 ILCS 5]. Preceding the Section number for these codes, with the exception of those listed in subsection (a)(1) above, will be a single digit code to identify the specific law which will be as follows:

- 0 - Criminal Code, Cannabis Control Act, Illinois Controlled Substances Act or the Liquor Control Act of 1934
- 1 - Illinois Vehicle Code
- 2 - Local ordinance (all municipal ordinance convictions), or violations occurring on military installations, to be considered, are to be coded exactly as Illinois Vehicle Code violations with the exception of the first digit which shall be a "2"
- 4 - Motor Vehicle Theft Law of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 4]
- 6 - The Illinois Driver Licensing Law
- 7 - Chicago Municipal Ordinance
- 8 - Foreign state and other (all out-of-state convictions to be considered, are to be coded exactly as Illinois Vehicle Code violations with the exception of the first digit which shall be an "8")

NOTE: The position for the single digit codes 1, 2, 6, or 8 will be symbolized by a # throughout the point table set out herein.

- 3) Any one of the last positions of the offense code may be used to indicate the paragraph of the section violated, or refer to the number of miles (in code form) the driver was operating above the posted speed limit (refer to Electronic Data Processing Machine (EDPM) Offense Codes set out herein).
- 4) The Secretary of State's Traffic Violation Advisory Committee relied upon the following criteria in determining whether specific convictions for traffic violations should be utilized in determining driver license suspension or revocation under the authority of Section 6-206(a)(2) of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/6-206(a)(2)], as well as the number of points that should be assigned to those convictions which in turn determines the length and/or type of such action.

A) A thorough review of literature relating to the general concept of point systems utilized by other states.

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- B) A specific review of point systems and ranges of point assignments utilized by other states.
- C) An exhaustive and detailed review of the current Illinois point system.
- D) Based on the above, the relative criticality of the violations was determined and the specific number of points to be assigned was proposed, discussed and agreed upon by the consensus of the group.
- b) Illinois Vehicle Code, Criminal Code, the Liquor Control Act of 1934, the Cannabis Control Act and the Illinois Controlled Substances Act. The following violations of the Illinois Vehicle Code, Criminal Code, the Liquor Control Act of 1934, the Cannabis Control Act and the Illinois Controlled Substances Act will not be assigned points but will be entered on the record as type action -93- Bond forfeiture immediate action; or type action -94- conviction immediate action.

IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****
4-102	102000	4 102 00	Motor Vehicle Anti-Theft Law, misdemeanor (Chapter 4 of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 4])
4-103	103000	4 103 00	Motor Vehicle Anti-Theft Law, felony (Chapter 4 of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 4])
4-103.1	103100	4 103 01	Motor Vehicle Anti-Theft Law, conspiracy (Chapter 4 of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 4])
6-101	101000	# 101 00	Operating a motor vehicle without a valid license or permit (a serious traffic violation if committed in a commercial motor vehicle)
6-104(a)	104001	# 104 01	Violation of license classification for first and second division vehicles (a serious traffic violation if committed in a commercial motor vehicle)
6-104(b)	104002	# 104 02	Violation of classification for transporting persons for hire (a serious traffic violation if committed in a commercial motor vehicle)

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****
6-104(c)	104003	# 104 03	Violation of classification for transporting property for hire (a serious traffic violation if committed in a commercial motor vehicle)
6-104(d)	104004	# 104 04	Violation of school bus driver permits (a serious traffic violation if committed in a commercial motor vehicle)
6-104(e)	104005	# 104 05	Violation of religious bus driver restriction (a serious traffic violation if committed in a commercial motor vehicle)
6-104(f)	104006	# 104 06	Violation of classification for transportation of the elderly (a serious traffic violation if committed in a commercial motor vehicle)
6-105	105000	6 105 00	Violation of instruction permit (a serious traffic violation if committed in a commercial motor vehicle)
6-110(a)	110000	6 110 00	Violation of curfew law - under age of 17 (Child Curfew Act [720 ILCS 55])
6-113(e)	113501	# 113 E1	Violation of driver's license restriction (a serious traffic violation if committed in a commercial motor vehicle)
6-113(e)	113502	# 113 E2	Violation of restriction on special restricted license or permit (a serious traffic violation if committed in a commercial motor vehicle)
6-205(a)3	205103	# 205 A3	Any felony under the laws of any state or federal government in the commission of which a vehicle was used
6-205(a)5	205105	6 205 A5	Conviction of perjury or making of false affidavit or statement under oath to the Secretary of State under the Driver License Act or any other law relating to the ownership or the

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-205(b)1	205201	6 205 B1	operation of a motor vehicle Notice provided for in Section 1-8 of the Juvenile Court Act [705 ILCS 405/1-8] minor has been adjudicated under that Act as having committed an offense relating to motor vehicles described in Section 4-103 of the Illinois Driver Licensing Law of the Illinois Vehicle Code
6-205(b)2	205202	6 205 B2	When any other law of this State requires either the revocation or suspension of such license or permit Driving during the period of suspension/revocation
6-210(1)	210001	# 210 01	Driving during the period of revocation/suspension
6-210(2)	210002	# 210 02	To display or cause to be displayed or have in his possession any cancelled, revoked, or suspended license or permit
6-301(1)	301001	# 301 01	To lend his license or permit to any other person or knowingly allow the use thereof by another
6-301(2)	301002	# 301 02	To display or represent as his own any license or permit issued to another
6-301(3)	301003	# 301 03	To fail or refuse to surrender to the Secretary of State or his agent or any police officer, upon his lawful demand, any license or permit which has been suspended, revoked or cancelled
6-301(4)	301004	# 301 04	To allow any unlawful use of a license or permit issued to him
6-301(5)	301005	# 301 05	To submit to an examination or to obtain the services of another person to submit to an examination for the purpose of obtaining a drivers license or permit for some other person
6-301(6)	301006	# 301 06	Possess fictitious altered driver's license or permit
6-301.1(b)1	301121	# 301121	Possess/display altered fictitious driver's license or permit
6-301.1(b)2	301122	# 301122	

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-301.1(b)3	301123	# 301123	Possess fictitious altered driver's license or permit
6-301.1(b)4	301124	# 301124	Possess fictitious altered driver's license or permit
6-301.1(b)5	301125	# 301125	Possess fictitious altered driver's license or permit
6-301.1(b)6	301126	# 301126	Possess fictitious altered driver's license or permit
6-301.1(b)7	301127	# 301127	Issue fictitious driver's license or permit
6-301.1(b)8	301128	# 301128	Alter/attempt to alter driver's license or permit
6-301.1(b)9	301129	# 301129	Provide ID for obtaining fictitious driver's license or permit
6-301.2(b)1	301221	# 301221	Possess fraudulent driver's license or permit
6-301.2(b)2	301222	# 301222	Possess/display fraudulent driver's license or permit
6-301.2(b)3	301223	# 301223	Possess fraudulent driver's license or permit
6-301.2(b)4	301224	# 301224	Possess fraudulent driver's license or permit
6-301.2(b)5	301225	# 301225	Possess fraudulent driver's license or permit
6-301.2(b)6	301226	# 301226	Possess fraudulent driver's license or permit
6-301.2(b)7	301227	# 301227	Possess driver's license making implement
6-301.2(b)8	301228	# 301228	Possess stolen driver's license making implement
6-301.2(b)9	301229	# 301229	Duplicate/sell fraudulent driver's license or permit
6-301.2(b)10	301220	# 301220	Advertise or distribute fraudulent driver's license or permit
6-302(a)1	302101	# 302101	Present false information in an application for driver's license/ permit
6-302(a)2	302102	# 302102	Accept false information/ID in an application for driver's license/ permit
6-302(a)3	302103	# 302103	Make false affidavit, swear or affirm falsely
6-303(a)1	303101	# 303 A1	Driving during a suspension or revocation

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-303(a)2	303102	# 303 A2	Driving during a revocation or suspension
6-303(d)	303400	# 303 D0	Second or subsequent conviction of driving during revocation for a violation of Sections 11-401 and 11-501 of the Illinois Rules of the Road and Section 9-3 of the Criminal Code or similar provisions of a local ordinance
6-507(b)	507200	6 507 B0	No person may drive a commercial motor vehicle while driving privilege, license or permit is suspended, revoked, canceled, nor while subject to disqualification or while subject to or in violation of an "out-of-service" order.
8-101	008000	8000	Failure to show proof of financial responsibility - persons who operate motor vehicles in transportation of passengers for hire
11-204	020400	# 0204 00	Fleeing or attempting to elude a police officer
11-204.1	020401	# 0204 01	Aggravated fleeing or eluding a police officer
11-401	040100	# 0401 00	Leaving scene or failure to report an accident involving death or personal injury
11-402(b)	040202	# 0402 02	Leaving the scene of an accident involving damage to a vehicle in excess of \$1000
11-406(a)	040610	# 0406 A0	Failure to make report of vehicle accident
11-406(b)	040620	# 0406 B0	Failure to make report of school bus accident
11-501(a)1	050111	# 0501 A1	Driving while alcohol concentration is .10 or more
11-501(a)2	050112	# 0501 A2	Driving while under the influence of alcohol
11-501(a)3	050113	# 0501 A3	Driving while under the influence of any other drug or combination of drugs
11-501(a)4	050114	# 0501 A4	Driving under the combined influence of alcohol and other drug or drugs
11-501(a)5	050115	# 0501 A5	Driving while there is any amount of

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
11-501(d)1	050141	# 0501 D1	a drug, substance or compound in such person's blood or urine resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act, or a controlled substance listed in the Illinois Controlled Substances Act
11-501(d)2	050142	# 0501 D2	Such person committed a violation of Section 11-501(a) for the third or subsequent time
11-501(d)3	050143	# 0501 D3	Such person committed a violation of Section 11-501(a) while driving a school bus with children on board
11-504	#050400	# 0504 00	Such person in committing a violation of Section 11-501(a) Paragraph (a) which resulted in a motor vehicle accident
12-215(g)	221507	# 2215 01	Paragraph (a) which resulted in great bodily harm or permanent disability or disfigurement to another, when such violation was the proximate cause of such injuries
			Drag racing
			Conviction of Section 12-215 of the Illinois Vehicle Equipment Law of the Illinois Vehicle Code [625 ILCS 5/12-215] without lawful authority to stop
CRIMINAL CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
9-3	09003	9 03	Reckless homicide resulting from operation of a motor vehicle
11-15.1	011151	11 151	Conviction of soliciting for a juvenile prostitute
11-19.1	011191	11 191	Conviction of juvenile pimping
12-5	012005	012 05	Conviction of reckless conduct
12-13	012013	12 13	Conviction of criminal sexual assault
12-14	012014	12 14	Conviction of aggravated criminal sexual assault
12-15	012015	12 15	Conviction of criminal sexual abuse
12-16	012016	12 16	Conviction of aggravated criminal sexual abuse
18-3	0018003	18 3	Conviction of vehicular hijacking
18-4	0018004	18 4	Conviction of aggravated vehicular

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21-2	021002	21 02	hijacking
22-51	022051	22 51	Criminal trespass to motor vehicles
			Violation of the Hypodermic Syringes and Needles Act [720 ILCS 635]
			concerning the sale of instruments used for illegal drug use or abuse
24-1(a)3	241103	241 A3	Conviction of unlawful use of weapons while using a motor vehicle
24-1(a)4	241104	241 A4	Conviction of unlawful use of weapons while using a motor vehicle
24-1(a)7	241107	241 A7	Conviction of unlawful use of weapons while using a motor vehicle
24-1(a)9	241109	241 A9	Conviction of unlawful use of weapons while using a motor vehicle
24-1.2	241200	241 200	Conviction of aggravated discharge of a firearm
24-1.5(b)	241520	24 15B	Conviction of reckless discharge of a firearm
THE LIQUOR CONTROL ACT OF 1934	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	
*****	*****	*****	DESCRIPTION OF OFFENSE
43-131(a)	431311	43 131A	Minor presents false ID to buy alcoholic beverage - Liquor Control Act of 1934
CANNABIS CONTROL ACT	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	
*****	*****	*****	DESCRIPTION OF OFFENSE
704(a)	070401	704 01	Conviction for violation of Section 4(a) 704(a) of the Cannabis Control Act concerning the possession of not more than 2.5 grams of any substance containing cannabis
704(b)	070402	704 02	Conviction for violation of Section 4(b) 704(b) of the Cannabis Control Act concerning the possession of more than 2.5 grams but not more than 10 grams of any substance containing cannabis
704(c)	070403	704 03	Conviction for violation of Section 4(c) 704(c) of the Cannabis Control Act concerning the possession of more than 10 grams but not more than 30 grams of any substance containing cannabis
704(d)	070404	704 04	Conviction for violation of

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ILLINOIS CONTROLLED SUBSTANCES ACT	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
1401(a)	140101	1401 01	Class X violation of the Illinois Controlled Substances Act concerning the authorized manufacture or delivery of a controlled substance
1401(b)	140102	1401 02	Class 1 violation of the Illinois Controlled Substances Act concerning the authorized manufacture or delivery of a controlled substance
1401(c)	140103	1401 03	Class 2 violation of the Illinois Controlled Substances Act concerning the authorized manufacture or delivery of a controlled substance
1401(d)	140104	1401 04	Class 3 violation of the Illinois Controlled Substances Act concerning the authorized manufacture or delivery of a controlled substance
1401(e)	140105	1401 05	Class 3 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(f)	140106	1401 06	Class 3 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance
1401(g)	140107	1401 07	Class 3 violation of the Illinois Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance

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ILLINOIS CONTROLLED SUBSTANCES ACT *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****
1402(a)1	014201	1402 01	Controlled Substances Act concerning the unauthorized manufacture or delivery of a controlled substance Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 15 grams or more of any substance containing heroin
1402(a)2	014202	1402 02	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 15 grams or more of any substance containing cocaine
1402(a)3	014203	1402 03	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 15 grams or more of any substance containing morphine
1402(a)4	014204	1402 04	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 200 grams or more of any substance containing peyote
1402(a)5	014205	1402 05	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 200 grams or more of any substance containing a derivative of barbituric acid or any of the salts of a derivative of barbituric acid
1402(a)6	014206	1402 06	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 200 grams or more of any salt of an optical isomer of amphetamine or methamphetamine

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ILLINOIS CONTROLLED SUBSTANCES ACT *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****
1402(a)7	014207	1402 07	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 15 grams or more, but less than 100 grams, of any substance containing lysergic acid diethylamide (LSD)
1402(a)8	014208	1402 08	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 30 grams or more of any substance containing pentazocine or any of the salts, isomers and salts of isomers of pentazocine
1402(a)9	014209	1402 09	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 30 grams or more of any substance containing methaqualone or any of the salts, isomers and salts of isomers of methaqualone
1402(a)10	014210	1402 10	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 30 grams or more of any substance containing phenacyclidine or any of the salts, isomers and salts of isomers of phenacyclidine (PCP)
1402(a)11	014211	1402 11	Conviction for violation of Section 402(a) 1402(a) of the Controlled Substances Act concerning the possession of 200 grams or more of any other controlled or counterfeit substance classified as a narcotic drug in Schedule I or II which is not otherwise included in this subsection
1402(b)	014220	1402 20	Conviction for violation of Section 402(b) 1402(b) of

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ILLINOIS CONTROLLED SUBSTANCES ACT *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
			the Controlled Substance Act concerning the possession of any other amount of a controlled or counterfeit substance	
1407	014070	1407 00	Adult delivers controlled or counterfeit substances to minor	
1407.1	014701	1407 01	Adult uses minor to deliver controlled/counterfeit substances	
2103	021003	21 03	Violation of the Drug Paraphernalia Control Act [720 ILCS 600] concerning the sale of instruments used for illegal drug use or abuse	
c) Illinois Vehicle Code				
The following points assigned violations will be entered on the driving record as type action -97- bond forfeiture or type action -99- conviction				
IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
6-501	501000	6 501 00	Violation of more than one driver's license (a serious traffic violation if committed in a commercial motor vehicle)	50
6-507(A)	507100	6 507 A0	Driving a commercial motor vehicle without a valid driver's license (a serious traffic violation if committed in a commercial motor vehicle)	50
11-203	020300	# 0203 00	Failure to obey lawful order of authorized officer	10
11-305	030500	# 0305 00	Disregarding official traffic-control device	20
11-306	030600	# 0306 00	Disregarding traffic-control light	20
11-308	030800	# 0308 00	Disregarding lane-control signal (a serious traffic	

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
			violation if committed in a commercial motor vehicle)	20
		# 0309 00	Disregarding flashing traffic signal	20
		# 0402 01	Collision involving damage to vehicles only - failure to stop, exchange information and make report	25
		# 0403 00	Failure to stop and exchange information after motor vehicle collision property damage only	25
		# 0403 G0	Failure to stop and exchange information or give aid after motor vehicle collision-	50
		# 0404 00	personal injury involved Failure to notify owner after collision with unattended vehicle or other property	15
		# 0502 01	Illegal transportation, of any alcoholic liquor within the passenger area of any motor vehicle	25
		# 0503 00	Reckless driving (a serious traffic violation if committed in a commercial motor vehicle)	55
		# 0505 00	Squealing or screeching tires	10
		# 0601 00	Speeding too fast for conditions (a serious traffic violation if committed in a commercial motor vehicle)	10
		# 0601 01	1-10 MPH above limit	5
		# 0601 03	11-14 MPH above limit	15
		# 0601 05	15-25 MPH above limit (a serious traffic violation if committed in a	

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
11-601(b)	060107	# 0601 07	commercial motor vehicle) Over 25 MPH above limit (a serious traffic violation if committed in a commercial motor vehicle)	20
11-605	060500	# 0605 00	Exceeding the maximum speed limit in a school zone (a serious traffic violation if committed in a commercial motor vehicle)	50
11-605(b)	060502	# 060502	Exceeding the maximum speed limit through a highway construction or maintenance zone (a serious traffic violation if committed in a commercial motor vehicle)	20
11-606(a)	060601	# 0606 01	Driving below minimum speed limit	20
11-606(b)	060602	# 0606 02	Driving below minimum speed limit on Illinois Tollway	5
11-608	060800	# 0608 00	Exceeding maximum speed limit on bridge or elevated structure	20
11-701	070100	# 0701 00	Failure to drive on right side of roadway (a serious traffic violation if committed in a commercial motor vehicle)	10
11-702	070200	# 0702 00	Improper passing upon meeting an approaching vehicle (a serious traffic violation if committed in a commercial motor vehicle)	20
11-703(a)	070301	# 0703 01	Improper passing on left (a serious traffic violation if committed in a commercial motor vehicle)	20
11-703(b)	070302	# 0703 02	Failure to yield	20

IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
11-703(c)	070303	# 0703 03	Improper passing with a two wheeled vehicle	20
11-704	070400	# 0704 00	Improper passing on the right (a serious traffic violation if committed in a commercial motor vehicle)	20
11-705	070500	# 0705 00	Improper passing on the left (a serious traffic violation if committed in a commercial motor vehicle)	20
11-706	070600	# 0706 00	Driving on left side of roadway where prohibited (a serious traffic violation if committed in a commercial motor vehicle)	20
11-707(b)	070702	# 0707 02	Driving on left side of roadway in a no passing zone (a serious traffic violation if committed in a commercial motor vehicle)	20
11-707(d)	070704	# 0707 04	No passing in unincorporated areas where there exists a school speed zone as defined in Section 11-605 (a serious traffic violation if committed in a commercial motor vehicle)	20
11-708	070800	# 0708 00	Driving wrong way on one-way street or highway or around traffic island (a serious traffic violation if committed in a commercial motor vehicle)	10

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE *****	POINTS *****
11-709(a)	070901	# 0709 01	Improper traffic lane usage (a serious traffic violation if committed in a commercial motor vehicle)	5
11-709(b)	070902	# 0709 02	Improper center lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20
11-709(c)	070903	# 0709 03	Improper traffic lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20
11-709(d)	070904	# 0709 04	Improper traffic lane usage (a serious traffic violation if committed in a commercial motor vehicle)	20
11-709.1	070911	# 0709 11	Passing on shoulder while merging into traffic (a serious traffic violation if committed in a commercial motor vehicle)	20
11-710	071000	# 0710 00	Commercial motor vehicle following too closely (a serious traffic violation if committed in a commercial motor vehicle)	25
11-711(a)	071101	# 0711 01	Improper entry or exit from controlled access roadway	10
11-711(b)	071102	# 0711 02	Operating an improper vehicle on a controlled access roadway	10
11-801	080100	# 0801 00	Improper turn at intersection	10
11-802	080200	# 0802 00	Improper U-turn	20
11-803	080300	# 0803 00	Unsafe movement of vehicle from parked position	15
11-804	080400	# 0804 00	Failure to give stop or turn signal	15

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE *****	POINTS *****
11-805	080500	# 0805 00	Improper stop or turn signal	15
11-806	080600	# 0806 00	Improper arm signal	15
11-901	090100	# 0901 00	Failure to yield right-of-way at intersection	15
11-901.1	090101	# 0901 01	Failure to yield right-of-way at T intersection	15
11-902	090200	# 0902 00	Improper left turn with on-coming traffic	25
11-903	090300	# 0903 00	Failure to stop or yield right-of-way to pedestrians at intersections or crosswalks with traffic control devices	20
11-904	090400	# 0904 00	Failure to obey stop or yield right-of-way sign	20
11-905	090500	# 0905 00	Improper merging into traffic	20
11-906	090600	# 0906 00	Failure to yield right-of-way upon emerging from private road or roadway	20
11-907	090700	# 0907 00	Failure to yield right-of-way to emergency vehicle	15
11-908(a)	090801	# 0908 01	Failure to yield right-of-way to authorized vehicle or pedestrian engaged in work within any highway construction or maintenance area	15
11-908(b)	090802	# 0908 02	Failure to yield right-of-way to authorized vehicle displaying flashing lights engaged in work upon a highway	15
11-908(c)	090803	# 0908 03	Failure to stop at highway construction sign	15
11-1002(a)	100201	# 1002 01	Failure to yield	15

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
11-1002(d)	100204	# 1002 04	right-of-way to pedestrians at crosswalks without traffic control devices	20
11-1002(e)	100205	# 1002 05	Passing vehicle stopped for pedestrian (a serious traffic violation if committed in a commercial motor vehicle)	20
11-1003.1	100301	# 1003 01	Failure to yield right-of-way to a pedestrian at an intersection	20
11-1004	100400	# 1004 00	Failure to exercise due care for pedestrian or bicyclist	10
11-1008	100800	# 1008 00	Failure to yield right-of-way to a blind or hearing impaired pedestrian	20
11-1101	110100	# 1101 00	Failure to yield to a pedestrian on a sidewalk	20
11-1102	110200	# 1102 00	Improper passing of street car on the left	10
11-1103	110300	# 1103 00	Improper passing on the right or failure to stop for a street car	20
11-1104	110400	# 1104 00	Obstructing street car traffic	5
11-1201	120100	# 1201 00	Driving through safety zone	20
11-1202	120200	# 1202 00	Failure to stop for approaching railroad train or signal	20
11-1203	120300	# 1203 00	Failure to stop at railroad grade crossing	20
11-1204	120400	# 1204 00	Improper movement of heavy equipment across railroad grade crossing	5
11-1205	120500	# 1205 00	Disregarding stop or yield sign at an intersection	20
			Failure to yield right-of-way upon	

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
11-1402(a)	140201	# 1402 01	emerging from alley or driveway	20
11-1402(b)	140202	# 1402 02	Limitations on backing upon controlled access highway	10
11-1403	140300	# 1403 00	Motorcycle operating violation or passenger equipment violation	20
11-1403.1	140301	# 1403 01	Motorized pedalcycle operation violation	5
11-1403.2	140302	# 1403 02	Operation of motorcycle on one wheel - reckless driving	55
11-1404	140400	# 1404 00	Motorcycle glasses, goggles or shield violation	5
11-1405	140500	# 1405 00	Motorcycle equipment violation	5
11-1412.1	141201	# 1412 01	Driving upon sidewalk (a serious traffic violation if committed in a commercial motor vehicle)	20
11-1414(a)	141401	# 1414 01	Passing school bus receiving or discharging children (a serious traffic violation if committed in a commercial motor vehicle)	25
11-1418	141800	# 1418 00	Illegal operation of farm tractor upon highway	10
11-1505	150500	# 1505 00	Improper position of motorized pedalcycles on roadways	10
11-1505.1	150501	# 1505 01	Riding motorized pedalcycle more than two abreast on roadways	10
11-1507.1	150701	# 1507 01	Violation of lamps on motorized pedalcycles	10
11-1510(b)	151020	# 1510 B0	Improper left turn on pedalcycle	10
12-201(b)	220102	# 2201 02	Head, tail or side light violation	10
12-208(a)	220801	# 2208 01	No stop lights	5

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****	*****	*****
12-208(b)	220802	# 2208 02	No turn signal lights	5
12-208(c)	220803	# 2208 03	No turn signal lights on	5
12-301	230100	# 2301 00	Defective brakes	20
12-804	280400	# 2804 00	School bus identification and warning light violation	5
15-106	510600	# 5106 00	Failure to fasten or secure any protruding component of a vehicle	15
15-109	510900	# 5109 00	Spilling or unsafe load	15
15-110	511000	# 5110 00	Improper towing of a vehicle	10
15-114	511400	# 5114 00	Improper pushing of another vehicle	10
d) City of Chicago Traffic Regulations - Chapter 27 of the Municipal Code of Chicago The following point assigned violations will be entered on the driving record as type action - 97 - bond forfeiture or type action - 99 - conviction				
CHICAGO TRAFFIC CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****	*****	*****
7-201	201000	7 201 00	Disregarding official traffic-control device	20
7-202	202000	7 202 00	Disregarding traffic- control light	20
7-203	203000	7 203 00	Disregarding flashing traffic signal	20
7-204	204000	7 204 00	Disregarding lane control light	20
7-205	205000	7 205 00	Avoiding official traffic- control device	20
7-210	210000	7 210 00	Driving motor-driven cycle on access roadway	10
7-211	211000	7 211 00	Improper traffic lane usage	20
7-212	212000	7 212 00	Speeding too fast for conditions	10
7-212.01	212001	7 212 01	1 - 10 MPH above limit	5
7-212.03	212003	7 212 03	11 - 14 MPH above limit	15

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CHICAGO TRAFFIC CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****	*****	*****
7-212.05	212005	7 212 05	15 - 25 MPH above limit (a serious traffic violation if committed in a commercial motor vehicle)	20
7-212.07	212007	7 212 07	Over 25 MPH above limit (a serious traffic violation if committed in a commercial motor vehicle)	50
7-213	213000	7 213 00	Driving below minimum speed limit	5
7-214	214000	7 214 00	Improper turn at intersection	10
7-215	215000	7 215 00	Improper or illegal turn on red signal light	20
7-216	216000	7 216 00	Improper U-turn	10
7-217	217000	7 217 00	Improper U-turn in loop district	10
7-218	218000	7 218 00	Disobeying no-turn sign	10
7-219	219000	7 219 00	Driving wrong way on one-way street	5
7-220	220000	7 220 00	Driving wrong way on one-way street - restrictive period	5
7-221	221000	7 221 00	Disregarding stop sign at intersection	20
7-222	222000	7 222 00	Failure to yield right-of-way at stop intersection	20
7-223	223000	7 223 00	Failure to yield right-of-way upon emerging from alley or driveway	20
7-224	224000	7 224 00	Entering intersection when traffic is obstructed	20
7-225	225000	7 225 00	Failure to observe yield right-of-way	20
7-226	226000	7 226 00	Failure to stop for approaching railroad train or signal	20
7-227	227000	7 227 00	Failure to observe bridge signal	20

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CHICAGO TRAFFIC CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
7-228	228000	7 228 00	Failure to yield right-of-way to emergency vehicles	15
7-229	229000	7 229 00	Failure to yield right-of-way to pedestrian at intersection	20
7-230	230000	7 230 00	Failure to yield right-of-way at intersection	15
7-231	231000	7 231 00	Failure to yield right-of-way to pedestrian	20
7-232	232000	7 232 00	Failure to yield right-of-way to equestrian	20
7-233	233000	7 233 00	Failure to yield right-of-way to blind person	20
7-236(a)	236001	7 236 01	Improper passing on the left	20
7-236(b)	236002	7 236 02	Failure to yield right-of-way to vehicle passing on the left	20
7-237	237000	7 237 00	Improper passing on the right	20
7-238	238000	7 238 00	Improper passing on the left	20
7-239	239000	7 239 00	Failure to drive on right side of roadway	5
7-240	240000	7 240 00	Passing stopped school bus receiving or discharging children	25
7-241	241000	7 241 00	Passing vehicle stopped for pedestrian	20
7-244	244000	7 244 00	Failure to obey lawful order or authorized officer	10
7-247	247000	7 247 00	Driving in area designated as play street	20
7-248	248000	7 248 00	Driving on sidewalk or parkway	20
7-249	249000	7 249 00	Driving through safety zone	20

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CHICAGO TRAFFIC CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****	POINTS *****
7-250	250000	7 250 00	Driving in bus lane	20
7-251	251000	7 251 00	Driving on left side of roadway where prohibited	20
7-252	252000	7 252 00	Improper backing	10
7-253	253000	7 253 00	Improper entry or exit from controlled access roadway	10
7-255	255000	7 255 00	Negligent driving	10
7-256	256000	7 256 00	Following too closely	25
7-257	257000	7 257 00	Failure to exercise due care for pedestrian	10
7-260	260000	7 260 00	Unsafe movement of vehicle from parked position	15
7-261	261000	7 261 00	Failure to give stop or turn signal	15
7-262	262000	7 262 00	Improper stop or turn signal	15
7-266	266000	7 266 00	Improper towing or pushing of vehicle	10
7-270	270000	7 270 00	Failure to drive within bus lane - bus drivers	20
7-271	271000	7 271 00	Failure to observe mass transportation vehicle regulations	20
7-278	278000	7 278 00	Illegal operation of motorcycle or motor driven cycle	10
7-342	342000	7 342 00	Defective brakes	20
7-346	346000	7 346 00	Head, tail, or side light violation	10
7-359	359000	7 359 00	Towing vehicles without bar or other safety device	10
7-369	369000	7 369 00	Failure to notify owner after collision with unattended vehicle	25
7-402(c)	402003	7 402 03	Restricted turn signs - prohibited right or left turn	10

e) Illinois Vehicle Code

The following violations will be entered on the driving record as type
action - 95 - bond forfeiture or type action - 96 - conviction with no

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point value		point value	
IVC VIOLATION CODE	EDPM OFFENSE CODE	CHICAGO TRAFFIC CODE	EDPM OFFENSE CODE
*****	*****	*****	*****
11-407(a)	040710	7-235	235000
Failure of driver to give notice of accident		7-246	246000
11-407(b)	040720	7-274	274000
Failure of passenger to give notice of accident		7-342.1	342001
11-1412	141200	7-347	347000
11-1420	142000	7-348	348000
12-201(c)	220103	7-349	349000
12-203	220300	Case Review	
12-207	220700		
Lamps on parked vehicle		1) After each case is entered to the appropriate, driving record, suspension, revocation, disqualification or cancellation action is determined by review of the driving record by a trained Driver Services Technician or action is taken for suspension or revocation, or disqualification by automated computer programs using criteria set forth in 92 Ill. Adm. Code 1040.	
Spot light or auxiliary light violation		2) Driver control action shall be entered upon the driver's record by classification (type action).	
12-209	220900	A) Classification for driver control actions:	
12-211(a)	221101		
12-211(b)	221102	Type action 01	Mandatory Revocation
12-212	221200	Type action 02	Discretionary Revocation
12-214	221400	Type action 03	Discretionary Suspension
12-603.1	260301	Type action 04	Safety Responsibility Suspension
12-712(a)	271201	Type action 05	Financial Responsibility Suspension
12-712(a)	271301	Type action 06	Unsatisfied Judgment Suspension
12-714(a)	271401	Type action 07	Mandatory Suspension
12-715(a)	271501	Type action 08	Cancellation of License
1104	001104	Type action 09	Mandatory Suspension
Violation of the Child Passenger Protection Act [625 ILCS 25] child under age 4		Type action 17	Statutory Summary Suspension
1104(a)	101104	Type action 18	Vehicle Emissions Suspension
Violation of the Child Passenger Protection Act [625 ILCS 5/ 25] child age 4 but under age 6		Type action DQ	Discretionary/Mandatory Disqualification
City of Chicago Traffic Regulations - Chapter 27 of the Municipal Code of Chicago		Type action OS	Out of Service Law Enforcement History Item
The following violations will be entered on the driving record as type action - 95 - Bond forfeiture or type action - 96 - conviction with no point value		Type action 2T	Zero Tolerance Suspension
f)		B) Description of driver control action: The code used to describe the action is composed of the Chapter and/or Section number of The Illinois Vehicle Code which provides the Secretary of State with the authority to take such action.	

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h) Mandatory Revocation - Type Action 01			
IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-205(a)1	205101	Reckless homicide	*****
6-205(a)2	205102	Driving while under the influence of alcohol, other drug, or combination thereof	*****
6-205(a)3	205103	Felony involving the use of a motor vehicle	*****
6-205(a)4	205104	Leaving the scene of a traffic accident involving death or personal injury -- violation of Section 11-401 of the Illinois Vehicle Code	*****
6-205(a)5	205105	Perjury under oath relating to ownership or operation of a motor vehicle	*****
6-205(a)6	205106	Three convictions of reckless driving committed within a 12-month period	*****
6-205(a)7	205107	Conviction of motor vehicle theft as defined in Section 4-102	*****
6-205(a)8	205108	Conviction of drag racing under Section 11-504 of the Illinois Rules of the Road of the Illinois Vehicle Code	*****
6-205(a)9	205109	Violation of financial responsibility in operation of motor vehicle for the purpose of hire (Chapter 8) or for rent (Chapter 9)	*****
6-205(a)10	205110	Reckless conduct, Section 12-5 of the Criminal Code of 1961	*****
6-205(a)11	205111	Conviction of aggravated fleeing or eluding a police officer	*****
6-205(a)12	205112	Violation of Sec. 6-507(b) or a similar law of another state relating to the unlawful operation of a commercial motor vehicle	*****
6-205(a)13	205113	A second or subsequent violation of Section 11-502(a) of the Illinois Vehicle Code or a similar provision of a local ordinance and the driver was less than 21 years of age at the time of the offense	*****
6-205(b)1	205201	Notice provided for in Section 1-8 of the Juvenile Court Act, that minor has been adjudicated under that Act	*****

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-205(c)	205300	Revocation of a restricted driving permit	*****
6-205(d)	205400	Conviction of a person under the age of 21 for driving under the influence of alcohol, other drug or a combination thereof	*****
i) Discretionary Revocation and Suspensions - Type Action 02 or 03			
IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-113(d)	113400	Violation of a restriction on a license or permit	*****
6-206(a)1	206101	Has committed an offense requiring revocation upon conviction	*****
6-206(a)2	206102	Three or more convictions of moving traffic violations committed within a 12-month period	*****
6-206(a)3	206103	Habitually been in violation of vehicle laws	*****
6-206(a)4	206104	Accident resulting in death or injury	*****
6-206(a)5	206105	Permitted unlawful or fraudulent use of license, ID card or permit	*****
6-206(a)6	206106	Conviction of an offense in another state requiring a suspension or revocation in this State including authorization contained in Section 6-203.1	*****
6-206(a)7	206107	Refused or failed to submit to an examination	*****
6-206(a)8	206108	Ineligible for license or permit under Section 6-103	*****
6-206(a)9	206109	False statement or knowingly concealed a material fact in application for license or permit	*****
6-206(a)10	206110	Has displayed or attempted to fraudulently use any driver's license, ID card or permit not issued	*****

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****
			to such person
6-206(a)11	206111	6 206 A11	Driving while license or permit has been revoked
6-206(a)12	206112	6 206 A12	Obtained the services of another person to take an examination for the purpose of obtaining a license, ID card or permit for some other person
6-206(a)13	206113	6 206 A13	Violation of Curfew Act
6-206(a)14	206114	6 206 A14	Unlawful use of license or permit under Section 6-301 or 6-301.1 or 6-301.2 of the Illinois Vehicle Code or Section 14, 14A or 14B of the Illinois Identification Card Act [15 ILCS 335]
6-206(a)15	206115	6 206 A15	Conviction of criminal trespass to vehicles as defined in Section 21-2 of the Criminal Code of 1961 [720 ILCS 5/21-2]
6-206(a)16	206116	6 206 A16	Violation of Section 11-204, fleeing from a police officer
6-206(a)17	206117	6 206 A17	Has refused to submit to a test as required under Section 11-501.1, and such person has not sought a hearing as provided for in Section 11-501.1
6-206(a)18	206118	6 206A 18	Has been adjudged to be afflicted with or suffering from any mental disability or disease
6-206(a)19	206119	6 206 A19	Has violated Section 6-101 - driving without a valid license
6-206(a)20	206120	6 206 A20	Has violated Section 6-104 - driving without a proper classification on a driver's license
6-206(a)21	206121	6 206 A21	Has violated Section 11-402 relating to leaving the scene of an accident resulting in damage to a vehicle in excess of \$1000
6-206(a)22	206122	6 206 A22	Has used a motor vehicle in violation of Section 24-1(a)(3), (4), (7), or (9) of the Criminal Code of 1961
6-206(a)23	206123	6 206 A23	Has been convicted of violating Paragraph-(a)-of Section 11-502(a) for a second or subsequent time within one year
6-206(a)24	206124	6 206 A24	Has been convicted by court martial

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IVC VIOLATION CODE *****	EDPM OFFENSE CODE *****	ABSTRACT DESCRIPTION CODE *****	DESCRIPTION OF OFFENSE *****
			or punished by non-judicial punishment by military authorities of the United States at a military installation in Illinois of a traffic related offense which is the same or similar to an offense specified under Section 6-205 or 6-206
6-206(a)25	206125	6 206 A25	Has permitted any form of identification to be used by another in the application process in order to obtain a license, identification card or permit
6-206(a)26	206126	6 206 A26	Has altered or attempted to alter a license or has possessed an altered license, identification card or permit
6-206(a)27	206127	6 206 A27	Has violated Section 6-16 of the Liquor Control Act of 1934
6-206(a)28	206128	6 206 A28	Conviction for the illegal possession of any controlled substance prohibited under the Illinois Controlled Substances Act or any cannabis prohibited under the Cannabis Control Act while operating a motor vehicle
6-206(a)29	206129	6 206 A29	Conviction of criminal sexual assault, aggravated criminal sexual assault, criminal sexual abuse, aggravated criminal sexual abuse, juvenile pimping, soliciting for a juvenile prostitute or the manufacture, sale or delivery of controlled substances or instruments used for illegal drug use or abuse while operating a motor vehicle
6-206(a)30	206130	6 206 A30	Conviction of a second or subsequent time of a sex offense and/or an offense against drug laws while operating a motor vehicle
6-206(a)31	206131	6 206 A31	as enumerated in Section 6-206(a)(29) Refused to submit/failed test(s) as required by Section 11-501.6
6-206(a)32	206132	6 206 A32	Has used a motor vehicle in violation of Section 24-1.2 of the Criminal

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-206(a)33	206133	6 206 A33	Code of 1961 A violation of Section 11-502(a) of the Illinois Vehicle Code or a similar provision of a local ordinance and the driver was less than 21 years of age at the time of the offense
6-206(c)3	206303	6 206 C3	Conviction of an offense while holding a Restricted Driving Permit
j) Discretionary or Mandatory - Suspension - Type Action 03, 07, 09, 17, 18, or 21			

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-205(c)	205300	6 205 C0	Suspension of a Restricted Driving Permit
6-303(b)	303200	6 303 B0	Driving while license or permit has been revoked or suspended
6-306.3	306003	6 306 03	Failure to appear in court to answer a traffic violation charge after depositing a valid Illinois license in lieu of bail
6-306.5	306005	6 306 05	Failure to pay fines-parking violations
11-406(e)	040650	1 0406 E0	Suspended for failure or neglect to make a report of a traffic accident as required by Section 11-406
11-501.1	050101	1 0501 01	Statutory Summary Suspension
11-501.8	050108	1 0501 08	Zero Tolerance Suspension
11-1414(f)	141460	1 1414 F0	Failure to stop for school bus when loading or discharging passengers
13A 112(b)	311122	13A 112 B	Vehicle Emissions suspension
k) Cancellation - Type Action 08			

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-108(1)	108001	6 108 01	Request for withdrawal of consent
6-108(2)	108002	6 108 02	Death of person giving consent

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-108(3)	108003	6 108 03	Person giving consent no longer has legal custody
6-113(d)	113400	6 113 D0	Cancellation of a Restricted Driving Permit based on evidence of violation of restriction
6-201(a)1	201101	6 201 A1	Not entitled to the issuance of the license or permit
6-201(a)2	201102	6 201 A2	Failed to give the required or correct information
6-201(a)3	201103	6 201 A3	Failed to pay fees or taxes due
6-201(a)4	201104	6 201 A4	Committed any fraud in the making of such application
6-201(a)5	201105	6 201 A5	Ineligible therefore under the provisions of Section 6-103
6-201(a)6	201106	6 201 A6	Has refused or neglected to submit to examination or re-examination as required under this Code
6-201(a)7	201107	6 201 A7	Has violated the Cannabis Control Act or the Illinois Controlled Substances Act while in physical control of a motor vehicle
6-205(c)	205300	6 205 C0	Cancellation of a permit issued subsequent to a mandatory revocation pursuant to Section 6-205
6-206(c)3	206303	6 206 C3	Cancellation of a permit subsequent to a discretionary revocation or suspension pursuant to Section 6-206
l) Discretionary/Mandatory Disqualification - Type Action - DQ			

IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE
*****	*****	*****	*****
6-514(a)1	514101	6 514 A1	Refusal to submit/failure to complete chemical test
6-514(a)2	514102	6 514 A2	Operating commercial motor vehicle/alcohol concentration .04 or more or any amount of a drug, substance, or compound in such person's blood or urine resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act or a controlled substance listed in the

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IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE	DHR CONVICTION CODE	DESCRIPTION OF OFFENSE
*****	*****	*****	*****	*****	*****
6-514(a)3I	514131	6 514 A31	Illinois Controlled Substances Act Driving under influence of alcohol/ other drug(s)	FR 0	Financial responsibility
6-514(a)3II	514132	6 514 A32	Leaving scene of accident while operating commercial motor vehicle	FR 1	Unsanctified judgment
6-514(a)3III	514133	6 514 A33	Driving commercial motor vehicle while committing any felony	FR 2	Failure to meet requirements of the security following accident provisions of the Financial Responsibility Law
6-514(b)	514200	6 514 B	Second Conviction of violation Sec. 6-514(a)	FR 3	Failure to file future proof of financial responsibility following conviction for violation of motor vehicle laws
6-514(c)	514300	6 514 C	Conviction of felony drug offense(s) using commercial motor vehicle	FR 4	Failure to file future proof of financial responsibility as required under any other provision of the Financial Responsibility Law
6-514(e)	514500	6 514 E	Conviction of 2 or more serious traffic violations within 3 years	FR 5	Failure to maintain required compulsory driver's license
m) Out-Of-Service - Law Enforcement Sanction History Item - Type Action OS				LI 0	Littering
				MR 0	Misrepresentation contribution violation
				MR 5	Obtaining or applying for a duplicate driver's license during withdrawal
				MR 6	Misrepresentation of identity or other facts to avoid arrest or prosecution
				MS 0	Miscellaneous
				MS 5	Sex offense in vehicle
				RR 0	Required reports, appearances, or documents
				RR 1	Failure to file report of accident as required
				RR 2	Failure to appear for hearing or trial
				RR 3	Failure to surrender driver's license, registration, or title documents as required
				RT 0	Registration and titling
				RT 3	Misrepresentation of identity or other facts to obtain a vehicle registration or title
				RT 4	Displaying a registration or title which is invalid because of alteration, counterfeiting or withdrawal (revocation, suspension, etc.)
				RV 1	Recurrence of violations requiring mandatory action of the licensing authority as specified by law
				RV 2	Accumulation of violations resulting in mandatory action of the licensing authority because of a statutory point system
				RV 3	Accumulation of violations resulting in discretionary action by the license authority
				SC 6	Obscuring, tampering with, or illegally displaying traffic control devices, warning, or instructions
				VR 0	Violation of restriction licensing requirements
				VR 6	Allowing an unlicensed operator to drive
				o)	The following violations will not be assigned points but will be entered on the driving record as type action -82- conviction immediate action:
6-515	515000	6 515	24 Hour out-of-service order		
n) The following violations will not be assigned points but will be entered on the driving record as type action -68- record history item conviction:					
IVC VIOLATION CODE	EDPM OFFENSE CODE	ABSTRACT DESCRIPTION	DESCRIPTION OF OFFENSE	DHR CONVICTION CODE	DESCRIPTION OF OFFENSE
*****	*****	*****	*****	*****	*****
DE 0		Defective equipment		RV 1	Recurrence of violations requiring mandatory action of the licensing authority as specified by law
DS 0		Disability		RV 2	Accumulation of violations resulting in mandatory action of the licensing authority because of a statutory point system
DS 1		Inability to pass one or more tests required for driver's license		RV 3	Accumulation of violations resulting in discretionary action by the license authority
EM 0		Equipment misuse		SC 6	Obscuring, tampering with, or illegally displaying traffic control devices, warning, or instructions
EM 1		Leaving a vehicle unattended with engine running		VR 0	Violation of restriction licensing requirements
ER 0		Equipment regulations		VR 6	Allowing an unlicensed operator to drive
ER 2		Use of equipment prohibited by law		o)	The following violations will not be assigned points but will be entered on the driving record as type action -82- conviction immediate action:
FA 2		Violation of a motor vehicle law resulting in one's own death			
FA 3		Suicide by motor vehicle			
FE 0		Felony			

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DHR CONVICTION CODE	DESCRIPTION OF OFFENSE
*****	*****
C 11	Driving a commercial motor vehicle while the person's alcohol concentration is 0.04 percent or more
C 13	Refusal to undergo such testing as is required by any state or jurisdiction
DI 0	Driving while intoxicated pertaining to intoxication
DI 1	Driving while under the intoxicating influence of alcohol, narcotics, or pathogenic drugs
DI 2	Driving while under the intoxicating influence of medication or other substances not intended to produce intoxication as a result of normal use
DI 3	Refusal to submit to a test for alcohol after arrest for driving while intoxicated or suspicion of intoxication
DI 6	Impaired
EM 7	Operating or using a vehicle without consent of the owner
FE 1	Using a motor vehicle as the device for committing a felony
FE 2	Using a motor vehicle in connection with a felony
HR 4	Evading arrest by fleeing the scene of citation or roadblock
HR 5	Evading arrest by extinguishing lights (when lights are required)
MR 1	Misrepresentation of identity or other facts to obtain a driver's license
MR 2	Displaying a driver's license which is invalid because of alteration, counterfeiting, or withdrawal (suspension, revocation, etc.)
MR 3	Displaying the driver's license of another person
MR 4	Loaning a driver's license
SP 1	Contest racing on public traffic way
VR 1	Driving while revoked
VR 2	Driving while suspended
VR 4	Operating contrary to conditions specified on driver's license
VR 5	Operating without being licensed or without license required for type of vehicle operated
	p) A TA 68 or TA 82 for the following offenses, additional information will be required from the reporting state to determine if the violation if committed in Illinois would result in immediate action points assigned or, non-points assigned. The TA 68 or TA 82 will be converted to the applicable offenses of subsection (b), (c), or (1) of this Section, respectively.
	q) The following violations will not be assigned points but will be entered on the driving record as type action -83- conviction immediate action:

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DHR CONVICTION CODE	DESCRIPTION OF OFFENSE
*****	*****
C 12	Driving under the influence of alcohol, as prescribed by State law, when committed in a commercial vehicle (disqualification if committed in a commercial motor vehicle)
C 14	Driving a commercial motor vehicle while under the influence of a controlled substance as defined under Section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)) (disqualification if committed in a commercial motor vehicle)
C 16	A felony involving the use of a commercial motor vehicle, other than a felony described in C 17 (disqualification if committed in a commercial motor vehicle)
C 17	The use of a commercial vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance as defined under Section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)) (disqualification if committed in a commercial vehicle)
	r) The following violations will not be assigned points but will be entered on the driving record as type action -85- conviction:
DHR CONVICTION CODE	DESCRIPTION OF OFFENSE
*****	*****
AC 0	Accident
AC 2	Violation of a motor vehicle law resulting in property damage
AC 3	Violation of motor vehicle law not resulting in damage to persons or property but considered an accident
AC 4	Involvement in an accident considered no indication of fault
DE 1	Operating with defective headlights
DE 3	Operating with defective muffler or exhaust system
DE 4	Operating with defective tires
DE 5	Operating with defective equipment resulting in inability to control vehicle movement properly
DI 5	Administrative per se
DS 2	Operating a motor vehicle improperly because of physical or mental disability
DS 3	Failure to discontinue operating a vehicle after onset of physical or mental disability (including uncontrollable drowsiness)
EM 2	Overloading vehicle with passengers or cargo
EM 4	Creating unlawful noise with vehicle or accessory
EM 5	Failure to dim lights as required

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DHR CONVICTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****
EM 6	Using a vehicle in connection with illegal activity other than a felony	
ER 1	Operating without equipment required by law	
FA 0	Fatality	
FE 3	Using a motor vehicle to aid and abet a felon	
FO 0	Following improperly	
FO 3	Following an emergency vehicle unlawfully	
HR 3	Leaving the scene of an accident after providing aid or identity but before arrival of police	
HV 0	Conviction of multiple serious offenses resulting in a long term removal of the license	
IL 0	Improper lane operation where prohibited	
IL 3	Ran off road	
IL 4	Driving on road shoulder, in ditch, or on sidewalk	
LI 1	Depositing injurious or harmful substance on traffic way	
LI 2	Throwing from vehicle any burning or smoldering substance	
LI 3	Littering from a motor vehicle	
MS 3	Opening vehicle closure into moving traffic or while vehicle is in motion	
MS 4	Crossing fire hose with vehicle	
MS 6	Unsafe operation of vehicle	
RK 0	Reckless, careless, or negligent driving	
RK 2	Operating a motor vehicle without the exercise of care and caution required to avoid danger to persons or property	
RK 3	Transporting hazardous substance without required safety devices or precautions	
RK 4	Coasting or operating with gears disengaged	
RR 4	Failure to keep driver's license or registration certificates in possession while driving or in vehicle as required	
RR 5	Operating a motor vehicle with registration plates missing, defaced or obscured	
RT 1	Operating a vehicle without registering it as required	
RT 2	Operating with expired registration	
RV 0	Repeated violations	
RW 0	Right-of-way	
RW 5	Failure to yield to school bus as required	
SC 3	Passing through or around barrier positioned to prohibit or channel traffic	
SC 4	Failure to observe warnings or instructions on vehicle properly displaying them	
SI 3	Failure to cancel directional signals after executing maneuver	
SP 5	Operating at erratic or suddenly changing speeds	
TU 0	Turns	
TU 1	Making right turn from left turn lane	

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DHR CONVICTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****
TU 2	Making left turn from right turn lane	
VR 3	Driving after license denied	
WW 0	Wrong way, side or direction	
s)	The following point assigned violations will be entered on the driving record as type action -87- conviction:	
DHR CONVICTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****
AC 1	Violation of a motor vehicle law resulting in bodily injury	25
C 15	Leaving the scene of an accident involving a commercial motor vehicle	25
C 18	Excessive speeding, involving any single offense for any speed of 15 miles per hour or more above the posted speed limit when operating a CMV	20
C 19	Driving a CMV in willful or wanton disregard for the safety of persons or property	55
C 20	Reckless driving, as defined by State or local law or regulation, when operating a CMV	55
C 21	Improper or erratic traffic lane changes when operating a CMV	20
C 22	Following the vehicle ahead too closely when operating a CMV	25
C 23	A violation, arising in connection with a fatal accident, of State or local law relating to motor vehicle traffic control (other than a parking violation) when operating a CMV	55
DE 2	Operating with defective brakes	20
DI 4	Illegal possession of alcohol or drugs in motor vehicle	25
EM 3	Towing or pushing vehicle improperly	10
FA 1	Violation of a motor vehicle law resulting in the death of another person	25
FO 1	Following too closely	25
FO 2	Failure of a truck to leave sufficient distance for being overtaken by another vehicle	20
HR 0	Hit and run; leaving the scene; evading arrest	25
HR 1	Failure to stop and render aid after involvement in an accident resulting in bodily injury	50

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

DHR CONVICTION CODE	DESCRIPTION OF OFFENSE	POINTS	DHR CONVICTION CODE	DESCRIPTION OF OFFENSE	POINTS
*****	*****	*****	*****	*****	*****
HR 2	Failure to stop and reveal identity after involvement in an accident resulting in property damage only (disqualification if committed in a commercial motor vehicle)	25	SP 3	Speed in excess of posted maximum	5
IL 1	Improper lane changing	20	SP 4	Speed less than posted minimum	5
IL 2	Failure to keep in proper lane	20	TU 3	Making improper turn	15
IL 5	Making improper entrance to or exit from traffic way	10	WW 1	Driving wrong way on one-way street	5
MS 1	Starting improperly from a parked position	15	WW 2	Driving on wrong side of road	20
MS 2	Improper backing	10	WW 3	Driving in wrong direction at rotary intersection	5
PA 0	Passing	10			
PA 1	Passing on a hill, curve or when prohibited by posted signs or pavement markings	10	t)	The following withdrawals will not be assigned points but will be entered on the driving record as type action -89- withdrawal:	
PA 2	Passing with insufficient distance allowed for other vehicles or with inadequate visibility	20			
PA 3	Passing school bus taking on or discharging passengers or displaying warning not to pass	25	DHR WITHDRAWAL CODE	DESCRIPTION OF OFFENSE	*****
PA 4	Failure to signal intention to pass	15	*****	*****	*****
PA 5	Failure to yield to overtaking vehicle	20	C 11	Driving a commercial motor vehicle while the person's alcohol concentration is 0.04 percent or more	
PA 6	Headless, willful, wanton or reckless disregard of the rights and safety of others in operating a motor vehicle, endangering persons or property	55	C 13	Refusal to undergo such testing as is required by any state or jurisdiction	
RK 1	Failure to yield right-of-way to emergency or other authorized vehicle	15	C 51	Disqualification for driving a CMV while the person's alcohol concentration is 0.04 percent or more	
RW 1	Failure to yield right-of-way in a manner required at unsigned intersection	20	C 52	Disqualification for driving under the influence of alcohol, as prescribed by State law	
RW 2	Failure to yield right-of-way at yield sign, after stop sign, or when emerging from private traffic way	15	C 53	Disqualification for refusal to undergo such testing as is required by any state or jurisdiction	
RW 3	Failure to yield right-of-way to pedestrian, animal rider or animal-drawn vehicle as required	20	C 54	Disqualification for driving a CMV while under the influence of a controlled substance as defined under Section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6))	
SC 0	Signs and control devices	20	C 55	Disqualification for leaving the scene of an accident involving a CMV	
SC 1	Failure to follow instructions of a police officer	10	C 56	Disqualification for a felony involving the use of a CMV as in C 16	
SC 2	Failure to obey traffic instructions stated on traffic sign or shown by traffic control device	20	C 61	As in C 51, but involving hazardous materials	
SC 5	Failure to observe safety zone	20	C 62	As in C 52, but involving hazardous materials	
SI 0	Signaling intentions	15	C 63	As in C 53, but involving hazardous materials	
SI 1	Failure to signal intention to change vehicle direction or to reduce speed suddenly	15	C 64	As in C 54, but involving hazardous materials	
SI 2	Giving wrong signal	15	C 65	As in C 55, but involving hazardous materials	
SP 0	Speeding	15	C 66	As in C 56, but involving hazardous materials	
SP 2	Prima facie speed violation for driving too fast for conditions	10	C 70	Disqualification for the use of a CMV in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance as in C 17	
			C 71	Disqualification for 2nd offense for any combination of violations as described in C 11-C 16	

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NOTICE OF PROPOSED AMENDMENTS

DHR
WITHDRAWAL
CODE

C 80 DESCRIPTION OF OFFENSE

Disqualification of a driver who during any 3-year period is convicted of two serious traffic violations in separate incidents; disqualification period is 60 days
C 81 Disqualification of a driver who during any 3-year period is convicted of three serious traffic violations in separate incidents; disqualification period is 120 days
C 99 24 Hour Out-of-Service Order
DI 3 Refusal to submit to a test for alcohol after arrest for driving while intoxicated or suspicion of intoxication

(Source: Amended at 21 Ill. Reg. _____, effective _____)

CARNIVAL-AMUSEMENT SAFETY BOARD

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Carnival and Amusement Ride Inspection Law
- 2) Code Citation: 56 Ill. Adm. Code 6000
- 3) Section Number: Adopted Action:
6000.10 Amendment
6000.50 Amendment
6000.120 Amendment
6000.220 Amendment
- 4) Statutory Authority: 430 ILCS 85/2-6
- 5) Effective Date of Rule(s): April 15, 1997
- 6) Will this rulemaking contain an automatic repeal date? No
- 7) Does this adopted amendment contain incorporations by reference? Yes.
This incorporation merely updates the previously incorporated 1987 edition of the National Electrical Code to the 1996 edition.
- 8) Date filed in Agency's Principal Office: April 1, 1997
- 9) Notice of Proposal Published in Illinois Register: August 23, 1996, 20 Ill. Reg. 11428
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:
 1. In the Authority note: deleted Ill. Rev. Stat. citation.
 2. In Section 6000.10, deleted Ill. Rev. Stat. citation.
 3. In Section 6000.120(a), deleted Ill. Rev. Stat. citation.
 4. In Section 6000.120(f), deleted Ill. Rev. Stat. citation.
 5. In Section 6000.10(a), in the definition of "Operator", capitalized the "p" in "part".
 6. In Section 6000.10(a), in the definition of "Public Use", capitalized the "U" in "use".
 7. In Section 6000.120(a), deleted "/" in statutory citation.
 8. In Section 6000.220(a), added "Effective April 15, 1998", and changed "A" in "All" to lower case.

CARNIVAL-AMUSEMENT SAFETY BOARD

NOTICE OF ADOPTED AMENDMENT

- 12) Have all the changes agreed by the agency and JC&R been made as indicated in the agreement letter issued by JC&R? Yes
- 13) Will these amendments replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
6000.300	Amendment	21 Ill. Reg. 3781
15) Summary and Purpose of Amendments:	The amendments implement actions taken by the Board at their May 21, 1996 and January 18, 1997 meetings.	
The amendments to Sections 6000.10 and 6000.120 clarify the phrase "public use" so that the amusement rides and amusement attractions that are available for use by members of the Community through various rental agencies are subject to the same safety requirements as those used at the traditional carnivals and fairs.		
The amendment to Section 6000.50 allows owners an additional 15 days in which to pay fees before incurring penalties.		
Section 6000.220 will require compliance to the 1996 edition of the National Electrical Code. This edition of the code has a new section which specifically addresses carnivals, circuses, fairs, and similar events.		

- 16) Information and questions regarding these adopted amendments shall be directed to:
- Carl Kimble, Chief Inspector
Carnival & Amusement Ride Division
Illinois Department of Labor
#1 W. Old State Capitol Plaza, Room 300
Springfield, IL 62701
217-782-9347

The full text of the Adopted Amendments begins on the next page:

CARNIVAL-AMUSEMENT SAFETY BOARD

NOTICE OF ADOPTED AMENDMENT

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER XIII: CARNIVAL-AMUSEMENT SAFETY BOARD

PART 6000

CARNIVAL AND AMUSEMENT RIDE INSPECTION LAW

Section	Definitions
6000.10	Exemptions
6000.20	Inspections
6000.30	Application for a Permit to Operate
6000.40	Permit and Inspection Fees
6000.50	Revocation of Permit to Operate (Repealed)
6000.60	Suspension of Permit to Operate
6000.65	Ride Design and Construction
6000.70	Insurance
6000.80	Penalties
6000.90	Appeals
6000.100	Assembly and Disassembly
6000.110	Operator Requirements
6000.120	Passenger Conduct
6000.130	Signal Systems
6000.140	Daily Inspection and Test
6000.150	Reports
6000.160	Maintenance
6000.170	Stop Operation Order
6000.180	Fire Prevention and Protection
6000.190	Internal Combustion Engines
6000.200	Means of Access and Egress
6000.210	Electrical Equipment
6000.220	Hydraulic Systems
6000.230	Air Compressors and Equipment
6000.240	Wire Rope
6000.250	Chain
6000.260	Inflated Amusement Attractions and Inflated Buildings
6000.270	Non-Destructive Testing
6000.280	Ski Lifts, Aerial Tramways, and Rope Tows
6000.290	Go-Karts, Dune Buggies, and All-Terrain Vehicles
6000.300	Water Slides
6000.310	Dry Type Slides
6000.320	Trams
6000.330	Bungee Jumping
6000.340	

AUTHORITY: Implementing and authorized by the Carnival and Amusement Rides Safety Act [430 ILCS 85].

SOURCE: Emergency Rules adopted at 9 Ill. Reg. 7176, effective May 3, 1985, for a maximum of 150 days; emergency expired September 30, 1985; adopted at 10

CARNIVAL-AMUSEMENT SAFETY BOARD

NOTICE OF ADOPTED AMENDMENT

Ill. Reg. 7685, effective April 29, 1986; emergency amendment at 10 Ill. Reg. 19117, effective October 27, 1986, for a maximum of 150 days; amended at 11 Ill. Reg. 5896, effective March 24, 1987; amended at 11 Ill. Reg. 19650, effective November 18, 1987; amended at 12 Ill. Reg. 11186, effective June 20, 1988; emergency amendment at 13 Ill. Reg. 8025, effective May 15, 1989, for a maximum of 150 days; emergency expired October 12, 1989; amended at 13 Ill. Reg. 20309, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 3235, effective February 9, 1990, for a maximum of 150 days; emergency expired July 9, 1990; amended at 15 Ill. Reg. 4109, effective February 28, 1991; emergency amendment at 16 Ill. Reg. 7716, effective May 11, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12436, effective August 1, 1992; amended at 16 Ill. Reg. 15415, effective September 28, 1992; amended at 17 Ill. Reg. 14910, effective September 1, 1993; amended at 18 Ill. Reg. 13384, effective September 1, 1994; amended at 21 Ill. Reg. ~~5135~~ **5135-4**.

APR 15 1997

Section 6000.10 Definitions

In addition to those definitions found in Section 2-2 of the Carnival and Amusement Rides Safety Act (the Act) (~~4111-Rev-Stat--1991-CH--111-1/27-PAR-4052~~ [430 ILCS 85/2-2]), the following definitions shall apply for the purposes of this Part:

"Annual Inspection" is the official inspection of a ride or device made by the Director or his designee.

"ANSI" is the abbreviation for the American National Standards Institute, Inc., 1430 Broadway, New York, New York 10018.

"ASNT" is the abbreviation for the American Society for Nondestructive Testing, Inc., 1711 Arlington Plaza, P.O. Box #28518, Columbus, Ohio 43228-0518.

"ASTM" is the abbreviation for American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959 ~~1916-Race-Street, Philadelphia, Pennsylvania-19103~~.

"Department" means *Illinois Department of Labor*. (Section 2-2 of the Act)

"Director" means *the Director of the Illinois Department of Labor or his designee*. (Section 2-2 of the Act)

"Dry Slides" means an inclined surface with a change in elevation of twenty feet or more upon which people slide or are conveyed.

"Flume" means an inclined channel which conveys the water and the slide participant from the top of the slide to the plunge pool.

CARNIVAL-AMUSEMENT SAFETY BOARD

NOTICE OF ADOPTED AMENDMENT

"Kiddie Rides" are those rides which are designed for 75 pounds or less per passenger.

"Major Alteration" means a change in the type or capacity of an amusement ride or amusement attraction or a change in the structure or mechanism that materially affects its functions or operation. This includes, but is not limited to changing its mode of transportation from non-wheeled to a truck or flat-bed mount, and changing its mode of assembly or other operational functions from manual to mechanical or hydraulic.

"Major Breakdown" means a stoppage of operation of an amusement ride or amusement attraction occurring from damage of a structural component.

"Major Rides" are those rides which are designed for more than 75 pounds per passenger unit.

"NPPA" is the abbreviation for National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269.

"Operator" means a person, or agent of a person, who owns or controls or has the duty to control the operation of an amusement ride or amusement attraction at a carnival or fair. "Operator" includes an agency of the State or any of its political subdivisions (Section 2-2 of the Act). For the purpose of this Part part:

Owner means the person, partnership, company, corporation, or any other entity, or agency of the State or any of its political subdivisions, who owns an amusement ride or amusement attraction.

Agent means a person employed by the Owner to carry out the responsibilities of management on the Owner's behalf.

Manager means a person employed by the Owner and who is responsible to the Agent or the Owner for the day-to-day on-site management of the amusement ride(s) and/or amusement attraction(s).

Attendant means a person employed by the Owner to physically operate an amusement ride or amusement attraction when it is open to the public.

Assistant means a person employed by the Owner to assist the Attendant in operating an amusement ride or amusement attraction when it is open to the public.

"Payment of Fees" as used in this Part shall be deemed made if the

CARNIVAL-AMUSEMENT SAFETY BOARD

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department receives all fees assessed in the form of a check or money order made payable to "Illinois Department of Labor" no later than seven calendar days after the date of inspection.

"Permit" means a permit issued annually by the Department allowing an amusement ride or an amusement attraction unit to be operated in the State of Illinois.

"Plunge Pool" means a pool or artificial body of water into which a person exits from a water slide.

"Public Use" means an operator of an amusement ride or amusement attraction does not prohibit or restrict access to the ride or attraction by members of the community, except as permitted under Section 2-19 of the Act and Section 6000.130 of this Part.

"Reinspection" is an inspection, other than the annual inspection made during the year, as a result of any necessary repairs not being completed while the inspector is on site.

"Serious Injury" means an injury for which treatment by a licensed physician is required.

"Tram" means: Any tram, open car, or combination of open cars or wagons pulled by a tractor or other motorized device which is not licensed by the Secretary of State, which may, but does not necessarily follow a fixed or restricted course, and is used primarily for the purpose of giving its passengers amusement, pleasure, thrills or excitement, and for which an individual fee is charged or a donation accepted with the exception of hayrack rides. (Section 2-2 of the Act)

"Water Slide" means a slide which consists of a flume, a plunge pool, a pump reservoir and water treatment facilities where water is pumped to the top of the flume and allowed to flow down the flume to the plunge pool.

(Source: Amended at 21 Ill. Reg. 5135, effective APR 15 1997)

Section 6000.50 Permit and Inspection Fees

Annual permit and inspection fees under this Act will be:

a) Permit Fees

- 1) Kiddie Rides: \$10.00 each
- 2) Major Rides: \$25.00 each
- 3) Amusement Attractions: \$25.00 each
- 4) Ski Lifts, Aerial Tramways, and Rope Tows: \$25.00 each

CARNIVAL-AMUSEMENT SAFETY BOARD

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- 5) Inflated Amusement Attractions: \$10.00 each
- 6) Permit issued upon resolution of a Stop Operation Order: \$10.00 each

b) Inspection Fees

- 1) Kiddie Rides: \$20.00 each
- 2) Major Rides: \$50.00 each
- 3) Amusement Attractions: \$50.00 each
- 4) Ski Lifts, Aerial Tramways, and Rope Tows: \$50.00 each
- 5) Inflated Amusement Attractions: \$20.00 each
- 6) Reinspection to resolve a Stop Operation Order: \$250.00 each
- 7) Reinspection: \$20.00 each

c) Fees double if not paid within 45 90 days. 5135

(Source: Amended at 21 Ill. Reg. 5135, effective APR 15 1997)

Reg.

Section 6000.120 Operator Requirements

No amusement ride or amusement attraction shall be operated for public use at a carnival or fair in this State without an attendant or assistant. The attendant and/or assistant shall be an employee of the owner.

- a) All ride attendants or assistants shall be at least 16 years of age (the Child Labor Law--Rev--Stat--1991--ch--48--par--31--et--seq--820 ILCS 205)).
- b) The attendant shall operate no more than one amusement ride or amusement attraction at any given time, even if automatic timing devices are used to control the time cycle of the ride.
- c) The attendant and assistant shall be trained in the proper use and operation of the ride/attraction as provided for in ASTM F770-82 (1982) and ASTM F853-83 (1983) and shall be an employee of the owner.
- d) The ride attendant or assistant shall ensure that all passenger safety devices are in place around patrons before starting.
- e) The attendant shall be within arms length of the operators station when the ride/attraction is in use.
- f) The ride attendant or assistant shall not operate any ride or attraction while under the influence of alcohol or any drug or combination of drugs to a degree that renders the operator incapable of safely operating the ride or attraction. For the purposes of this Section, the term "drug" includes any substance defined as a drug by Section 102(t) of the Illinois Controlled Substance Act (Rev--Stat--1991--ch--56--1/2--par--1402) [702 ILCS 570/102].
- g) The attendant or assistant shall ensure that no one is permitted on a ride while carrying any article, i.e., food, beverages, packages, lighted cigarettes, etc., which could endanger the rider or spectators.

(Source: Amended at 21 Ill. Reg. 5135, effective APR 15 1997)

Reg.

CARNIVAL-AMUSEMENT SAFETY BOARD
NOTICE OF ADOPTED AMENDMENT

sounds.

(Source: Amended at 21 Ill. Reg. 5135 effective
APR 15 1997)

CARNIVAL-AMUSEMENT SAFETY BOARD
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Section 6000.220 Electrical Equipment

- a) Effective April 15, 1998, all electrical equipment must comply with NFPA-70-1996 1987. The National Electrical Code, NFPA-70-1996 1987 is hereby incorporated by reference and does not include any later editions, amendments or corrections.
- b) Lock Out. A means shall be provided for locking out the power source to the amusement ride, amusement attraction, and equipment for maintenance, repair or inspection. This may be a padlock latch on the main switch.
- c) High Voltage Lines. The outlets for electric power lines carrying more than 120 volts shall be clearly marked by a contrasting color marking pen or paint, a name label or a steel stencil imprint to show the voltage.
- d) Outdoor apparatus and wiring. Electrical apparatus and wiring located outdoors shall be of such quality and so constructed or protected that exposure to weather will not interfere with its normal operation.
- e) Grounding:
 - 1) Five wire electrical systems shall be grounded at the main power generator or main distribution panel. The neutral wire and equipment ground shall not be bonded together at any ride.
 - 2) All other electrical systems shall have individual ground rods connected to the ride frame. The neutral wire and equipment ground shall not be bonded together at any ride.
 - 3) Sufficient electrodes to achieve 25 ohms or less resistance to ground shall be utilized.
 - 4) Any motor operating on 50 or more volts shall have its frame grounded.
- f) Overcurrent Protection. Conductors shall be provided with overcurrent protection devices according to load. No such device shall be installed in neutral or grounding conductors.
- g) Receptacles and caps. All receptacles and attachment caps shall be of the grounding type.
- h) Each amusement ride or amusement attraction not designed to be controlled directly by the passenger shall be provided with a fused power disconnect switch placed within arms length of the attendant's station.
- i) Safety stop circuits:
 - 1) The resumption of operation after a system shutdown caused by loss of power or activation of a safety circuit or stop shall require manual restarting by the attendant.
 - 2) Safety circuits shall not be bypassed during operation.
- j) Emergency lighting. Effective January 1, 1986, if an amusement ride or amusement attraction requires a darkened interior during operation each building or structure shall be equipped with a battery powered emergency lighting system. In addition to a manual switch at the attendant's station, the system shall activate automatically when either a power failure occurs or the smoke and fire detection alarm

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers: 310.230 Adopted Action: Amended
- 4) Statutory Authority: Authorized by Section 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].
- 5) Effective Date of Rulemaking: April 15, 1997
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No. These amendments do not contain any incorporations by reference.
- 8) Date Filed in Agency's Principal Office: April 14, 1997
- 9) Notice of Proposal Published in Illinois Register: November 22, 1996, Issue #47, 20 Ill. Reg. 14954
Notice of Correction to Proposed Amendment: December 13, 1996; Issue #50; 20 Ill. Reg. 15804
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:

In lines 284 and 329, the existing minimum daily rates for the Educator and Recreation Worker I were corrected from \$25 to \$32 as recommended by the Joint Committee on Administrative Rules.

In line 285, the Notice of Correction to Proposed Amendment modified the Educator Aide's daily rate with the deletion of the old maximum rate of \$35.00. The new daily rate for the Educator Aide is reflected as \$36.00 only, which upgrades the daily rate to the FLSA minimum wage increase.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
310.230	Amended	21 Ill. Reg. 732
		(January 17, 1997)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

- | | | |
|---------|---------|--|
| 310.230 | Amended | 21 Ill. Reg. 2762
(February 28, 1997) |
| 310.280 | Amended | 21 Ill. Reg. 2762
(February 28, 1997) |

15) Summary and Purpose of Rulemaking:

In Section 310.230, Part-Time Daily or Hourly Special Services Rate, the hourly and daily rate changes pertain to the FLSA minimum wage increase (\$4.75 per hour) that became effective October 1, 1996.

The minimum wage for the following titles were upgraded to \$4.75 per hour and/or \$36.00 per day: Building/Grounds Laborer, Building/Grounds Lead I, Chaplain I, Chemist I, Conservation/Historic Preservation Workers, Educator, Educator Aide, Janitor I, Labor Relations Investigator, Laborer (Maintenance), Maintenance Worker, Psychologist I, Recreation Worker I, Social Workers II and III, and Student Worker.

The rates for the past fiscal year for the Office Aide, Office Assistant, Office Associate and Office Clerk titles are being deleted since these rates are not obsolete.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Name: Mr. Michael Murphy
Address: Department of Central Management Services
Division Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
Telephone: 217/782-5601

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section
310.20 Policy and Responsibilities
310.30 Jurisdiction
310.40 Pay Schedules
310.50 Definitions
310.60 Conversion of Base Salary to Pay Period Units
310.70 Conversion of Base Salary to Daily or Hourly Equivalents
310.80 Increases in Pay
310.90 Decreases in Pay
310.100 Other Pay Provisions
310.110 Implementation of Pay Plan Changes for Fiscal Year 1997
310.120 Interpretation and Application of Pay Plan
310.130 Effective Date
310.140 Reinstitution of Within Grade Salary Increases
310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, Effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section

310.205 Introduction
310.210 Prevailing Rate
310.220 Negotiated Rate
310.230 Part-Time Daily or Hourly Special Services Rate
310.240 Hourly Rate
310.250 Member, Patient and Inmate Rate
310.260 Trainee Rate
310.270 Legislated and Contracted Rate
310.280 Designated Rate
310.290 Out-of-State or Foreign Service Rate
310.300 Educator Schedule for RC-063 and HR-010
310.310 Physician Specialist Rate
310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.330 Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

Section
310.410 Jurisdiction
310.420 Objectives
310.430 Responsibilities
310.440 Merit Compensation Salary Schedule
310.450 Procedures for Determining Annual Merit Increases
310.455 Intermittent Merit Increase
310.456 Merit Zone
310.460 Other Pay Increases
310.470 Adjustment
310.480 Decreases in Pay
310.490 Other Pay Provisions
310.495 Broad-Band Pay Range Classes
310.500 Definitions
310.510 Conversion of Base Salary to Pay Period Units
310.520 Conversion of Base Salary to Daily or Hourly Equivalents
310.530 Implementation
310.540 Annual Merit Increase Guidechart for Fiscal Year 1995
310.550 Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

APPENDIX A

Section
TABLE A Negotiated Rates of Pay
HR-190 (Department of Central Management Services - State of Illinois Building - SEIU)
TABLE AA HR-916 (Department of Natural Resources, Teamsters)
TABLE B HR-200 (Department of Labor - Chicago, Illinois - SEIU)
TABLE C RC-069 (Firefighters, AFSCME)
TABLE D HR-001 (Teamsters Local #726)
TABLE E RC-020 (Teamsters Local #330)
TABLE F RC-019 (Teamsters Local #25)
TABLE G RC-045 (Automotive Mechanics, IFPE)
TABLE H RC-006 (Corrections Employees, AFSCME)
TABLE I RC-009 (Institutional Employees, AFSCME)
TABLE J RC-014 (Clerical Employees, AFSCME)
TABLE K RC-023 (Registered Nurses, INA)
TABLE L RC-008 (Boilermakers)
TABLE M RC-110 (Conservation Police Lodge)
TABLE N RC-010 (Professional Legal Unit, AFSCME)
TABLE O RC-028 (Paraprofessional Human Services Employees, AFSCME)
TABLE P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
TABLE Q RC-033 (Meat Inspectors, IFPE)
TABLE R RC-042 (Residual Maintenance Workers, AFSCME)
TABLE S HR-012 (Fair Employment Practices Employees, SEIU)
TABLE T HR-010 (Teachers of Deaf, IFT)
TABLE U HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
TABLE V CU-500 (Corrections, Meet and Confer Employees)
TABLE W RC-062 (Technical Employees, AFSCME)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TABLE X	RC-063 (Professional Employees, AFSCME)
TABLE Y	RC-063 (Educators, AFSCME)
TABLE Z	RC-063 (Physicians, AFSCME)
APPENDIX B	Schedule of Salary Grades - Monthly Rates of Pay for Fiscal Year 1997
APPENDIX C	Medical Administrator Rates for Fiscal Year 1995
APPENDIX D	Merit Compensation System Salary Schedule for Fiscal Year 1995
APPENDIX E	Teaching Salary Schedule (Repealed)
APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
APPENDIX G	Broad-Band Pay Range Classes Salary Schedule

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 13, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 13675, effective July 31, 1986; emergency amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 1765, effective September 30, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 19132, effective October 28, 1986; emergency amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; emergency amendment at 11 Ill. Reg.

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3363, effective February 3, 1987; emergency amendment at 11 Ill. Reg. 4388, effective February 27, 1987; emergency amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; emergency amendment at 11 Ill. Reg. 15273, effective September 1, 1987; emergency amendment at 11 Ill. Reg. 17919, effective October 19, 1987; emergency amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; emergency amendment at 12 Ill. Reg. 3811, effective January 27, 1988; emergency amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; emergency amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 8135, effective April 22, 1988; emergency amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; emergency amendment at 12 Ill. Reg. 20584, effective November 28, 1988; emergency amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; emergency amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; emergency amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; emergency amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; emergency amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; emergency amendment at 14 Ill. Reg. 18854, effective November 13, 1990; emergency amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991.

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1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27,

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1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective APR 15 1997.

Section 310.230 Part-Time Daily or Hourly Special Services Rate

The rate of pay as approved by the Director of Central Management Services for persons employed on a consultative or part-time basis requiring irregular hours of work shall be as listed below, except the total compensation of an employee in any given month shall not exceed the monthly rate of Step 5 of the salary grade for the title as shown in the Schedule of Salary Grades (Appendix B) of this Part if the class title is subject to the Schedule of Salary Grades, or Step 5 of the negotiated salary range for classes of positions shown in Section 310.220, Subpart B, Schedule of Rates, or 75% of the maximum rate of those classes of positions subject to the provisions of the Merit Compensation System, Subpart C of this Pay Plan.

SUBPART B: SCHEDULE OF RATES

Account Technician II	11.00 to 14.08 (hourly)
Apiary Inspector	83 to 106 (daily)
Building/Grounds Laborer	4.75 4-25 to 6.00 (hourly)
Building/Grounds Lead I	4.75 4-25 to 7.00 (hourly)
Building/Grounds Lead II	5.25 to 8.00 (hourly)
Building/Grounds Maintenance Worker	5.00 to 6.00 (hourly)
Chaplain I	36 32 to 70 (daily)
Chemist I	36 32 to 45 (daily)
Conservation/Historic Preservation Worker	4.75 4-50 to 6.50 (hourly)
Conservation/Historic Preservation Worker (2nd season -- site interpretation)	4.75 4-64 to 6.50 (hourly)
Conservation/Historic Preservation Worker (3rd season -- site interpretation)	4.78 to 6.50 (hourly)
Dentist I	70 to 150 (daily)
Dentist II	100 to 185 (daily)

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Educator	36 32 to 85 (daily)
Educator Aide	36 32- 40 -35 (daily)
Guard II	67 to 84 (daily)
Guard III	75 to 96 (daily)
Hearing and Speech Coordinator	15 to 30 (hourly)
Hearings Referee	75 to 200 (daily)
Janitor I	4.75 4-73 to 5.30 (hourly)
Labor Maintenance Lead Worker	5.00 to 6.00 (hourly)
Labor Relations Investigator	36 35 to 70 (daily)
Laborer (Maintenance)	4.75 4-25 to 5.70 (hourly)
Maintenance Worker	4.75 4-25 to 5.00 (hourly)
Occupational Therapist	40 to 160 (daily)
Program Coordinator	8-12- to-10 -40- (hourly)
Office Aide	60- to-78 - (daily)
	8.12 to 10.71 (hourly)
Office Assistant	9-16- to-12 -00- (hourly)
	60- to-90 - (daily)
	9.16 to 12.36 (hourly)
	68 to 93 (daily)
Office Associate	9-00- to-12 -05- (hourly)
	73- to-98 - (daily)
	9.80 to 13.44 (hourly)
	73 to 101 (daily)
Office Clerk	8-50- to-11 -15- (hourly)
	64- to-84 - (daily)
	8.58 to 11.49 (hourly)
	64 to 86 (daily)
Optometrist	15 to 35 (hourly)
	50 to 160 (daily)
Physician	100 to 300 (daily)
Physician Specialist (A)	20 to 60 (hourly)
Physician Specialist (B)	100 to 325 (daily)
Physician Specialist (C)	20 to 70 (hourly)
Physician Specialist (D)	100 to 350 (daily)
	20 to 75 (hourly)
	100 to 360 (daily)
	20 to 115 (hourly)
Podiatrist	100 to 370 (daily)
Psychologist I	50 to 125 (daily)
Psychologist II	36 35 to 80 (daily)
Psychologist III	40 to 125 (daily)
Recreation Worker I	40 to 150 (daily)
	5.33 (hourly)
Registered Nurse I	36 32 to 40 (daily)
Registered Nurse I	39 to 54 (daily)
	41 to 56 (daily)

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(2nd or 3rd shift)	43 to 58 (daily)
Registered Nurse I (Cook County)	44 to 59 (daily)
Registered Nurse I (Cook County - 2nd or 3rd shift)	43 to 58 (daily)
Registered Nurse II	44 to 59 (daily)
Registered Nurse II (2nd or 3rd shift)	45 to 60 (daily)
Registered Nurse II (Cook County)	47 to 62 (daily)
Registered Nurse II (Cook County - 2nd or 3rd shift)	11.56 to 16.16 (hourly)
Revenue Tax Specialist I	86 to 122 (daily)
Social Worker II	36 35 to 75 (daily)
Social Worker III	36 35 to 80 (daily)
Student Worker	4.75 4-25 to 8.00 (hourly)
Technical Advisor II	32 to 35 (hourly)
Technical Advisor III	32 to 60 (hourly)
Veterinarian II	95 to 130 (daily)

(Source: Amended at 21 Ill. Reg. 5144 effective APR 15 1997)

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- 1) Heading of the Part: Access to Public Records
- 2) Code Citation: 2 Ill. Adm. Code 951
- 3)

<u>Section Number:</u>	<u>Adopted Action:</u>
951.10	Amendment
951.15	New Section
951.20	Amendment
951.30	Amendment
951.40	Amendment
951.50	Amendment
951.60	Amendment
951.70	Amendment
- 4) Statutory Authority: Implementing and authorized by the Freedom of Information Act [5 ILCS 140], Section 401 of the Illinois Insurance Code [215 ILCS 5/401] and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15].
- 5) Effective Date of Amendments: April 15, 1997
- 6) Does this amendment contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) Date filed in Agency's Principal Office: April 15, 1997
- 9) Notice of Proposal Published in Illinois Register: Part 951 is a "required rule," as that term is defined in Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15] and as a result is considered an internal agency rule which is not required to proceed through the general rulemaking process.
- 10) Has JCAR issued a Statement of Objections to this amendment? No, Part 951 is an internal rule which is not required to be submitted to JCAR for review pursuant to 1 Ill. Adm. Code 100.810.
- 11) Difference(s) between proposal and final version: No differences exist, Part 951 was not required to be submitted in the proposed version.
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? JCAR was not required to review Part 951, therefore, no changes were agreed upon by the Department and JCAR.
- 13) Will this amendment replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No

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- 15) Summary and Purpose of rulemaking: The Department is updating Part 951 so that it reflects the current practices of the Department in administering the Freedom of Information Act.
- 16)

<u>Information and questions regarding this adopted Amendment shall be directed to:</u>	
Denise Hamilton	Mary Meyer
Rules Unit Supervisor	Paralegal
Department of Insurance (or)	Department of Insurance
320 West Washington	320 West Washington
Springfield, IL 62767-0001	Springfield, IL 62767-0001
(217) 785-8560	(217) 785-8220

The full text of the Adopted Amendments begins on the next page.

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NOTICE OF ADOPTED AMENDMENTS

TITLE 2: GOVERNMENTAL ORGANIZATION
 SUBTITLE D: CODE DEPARTMENTS
 CHAPTER XI: DEPARTMENT OF INSURANCE

PART 951

ACCESS TO PUBLIC RECORDS

Section

- 951.10 Summary and Purpose
 951.15 Definitions
 951.20 Availability of Public Records
 951.30 Requests for Access to Public Records
 951.40 Response to Requests
 951.50 Appeal of Denial of Access
 951.60 Fee Schedule for Copies of Records, Certification and Electronic Data
 951.70 Inspection of Public Records

AUTHORITY: Implementing and authorized by The Freedom of Information Act [5 ILCS 140], Section 401 of the Illinois Insurance Code [215 ILCS 5/401] and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15].

SOURCE: Adopted at 8 Ill. Reg. 12214, effective July 1, 1984; amended at 21 Ill. Reg. 5154, effective APR 15 1997.

Section 951.10 Summary and Purpose

- a) This Part is being adopted to implement the provisions of the Freedom of Information Act (FOIA) [5 ILCS 140] ~~(supp. to Ill. Rev. Stat. 1989, ch. 116, par. 201-et-seq.)~~. The purpose of this Part is to support the policy of providing public access to the public records of the Department of Insurance while protecting legitimate privacy interests and administrative efficiency.
- b) This Part establishes the procedure by which the public may request access to public records maintained by the Department of Insurance pursuant to the Freedom of Information Act. This Part also sets forth the procedures to be followed by the Department of Insurance when responding to these requests.

(Source: Amended at 21 Ill. Reg. 5154, effective APR 15 1997)

Section 951.15 Definitions

Department means the Illinois Department of Insurance.

Director means the Director of the Illinois Department of Insurance.

FOIA means the Illinois Freedom of Information Act [5 ILCS 140].

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FOIA Officer means an individual responsible for receiving and responding to requests for public records.

Public records includes all documents, records, and other information prepared, used, filed with or maintained by the Department.

Requester means an individual, organization or other entity who requests to inspect, or copy public records.

(Source: Added at 21 Ill. Reg. 5154, effective APR 15 1997)

Section 951.20 Availability of Public Records

Public ~~att-public~~ records maintained by the Department ~~may~~ will be made available to the public upon submission of a written request in accordance with Section 951.20 950-20 of this Part. Upon the Department's ~~its~~ determination to comply with the request, ~~the Department will make~~ the requested records ~~may~~ be made available for inspection in the ~~its~~ Springfield Office on a date and time mutually agreeable to the requesting party and the Department. The Department's Springfield Office is located at 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001. Copies of the requested records ~~may~~ will be furnished for a fee ~~upon the Department's receipt of fees chargeable for such service~~ as set forth in Section 951.60 951-50 of this Part. A categorical index of the public records maintained by the Department ~~may~~ will be available for inspection and copying in the Department's Springfield and Chicago Offices. The Department's Chicago Office is located at 100 West Randolph Street, Suite 15-100, Chicago, Illinois 60601-3251 ~~160--North--LaSalle Street--16th--Floor--Chicago--Illinois--60601.~~

(Source: Amended at 21 Ill. Reg. 5154, effective APR 15 1997)

Section 951.30 Requests for Access to Public Records

- a) A request for access to a public record maintained by the Department must be submitted in writing and addressed to the FOIA Chief Information Officer, Department of Insurance, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001. The request ~~may~~ also be submitted on FOIA request forms as provided by the Department. Every request must contain the following information:

- 1) the full name and address of the requesting party;
- 2) a description of the records requested reasonably sufficient to permit their identification by Department personnel without undue difficulty;
- 3) the request letter and envelope should be clearly marked "FREEDOM OF INFORMATION REQUEST" or "INFORMATION REQUEST" ~~and~~
- 4) ~~the date inspection or copying of such records is desired.~~

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- b) The Department may request the ~~submission--of~~ additional information either verbally, or by a supplemental request from ~~by~~ the requesting party, when the initial ~~request's~~ description of the records requested is insufficient to enable the Department to locate the records within a reasonable period of time. Where the request seeks access to all records falling within a category of records and compliance with the request would unduly burden the Department, the requesting party shall be given an opportunity to confer with the Department in order to narrow the request to manageable proportions.

(Source: Amended at 21 Ill. Reg. 5154, effective APR 15 1997)

Section 951.40 Response to Requests

- a) The Department shall make a determination of whether, or the extent to which, the Department will comply with the request within seven (7) working days of receipt of the request. ~~the requesting party will be notified--in--writing--of--the--Department's--determination--regarding--the request:~~ Under exceptional circumstances, as set forth in Section 3(d) of the FOIA Illinois Freedom of Information Act, the Department may extend the time to make an initial determination on the request for up to seven (7) additional working days. If the time for compliance is extended, the requesting party will be notified in writing of the reason for such extension, ~~the reason therefor~~ and the date by which the Department will make a determination on the request. b) Upon determination to comply with the request, the Department will either allow for inspection or transmit the requested information along with a cover letter stating the applicable copying fees to be charged. An invoice for any copies provided will be mailed separately.

b) ~~if--the--Department--determines--to--comply--with--the--request,--the requesting party shall be informed in writing as to where and when the records may be inspected--and--if--copies have been requested, the applicable copying fees to be charged.~~

- c) If the Department makes a determination determines to deny the request, in whole or in part, the requesting party shall be informed in writing of the specific reasons for denying access, the extent of the denial, the name and title of the Department employee responsible for the decision to deny and the right to appeal this decision to the Director of Insurance.

- d) If the records requested cannot be located after a reasonable search or they are no longer in existence, the requesting party will be so notified in writing. The requesting party will be given an opportunity to provide additional information to the Department that may aid in the location of the documents.

- e) If the records requested are not maintained by the Department, but they are known to be maintained by another public body, the Department

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will inform the requester to contact ~~forward the request to~~ such other public body ~~and will so notify the requesting party in writing.~~

- f) If the Department fails to respond to written request within seven (7) working days of its receipt or within the seven (7) additional working days allowed for under an extension of time, the requesting party may deem the request denied, and seek review of the denial by the Director of Insurance.

(Source: Amended at 21 Ill. Reg. 5154, effective APR 15 1997)

Section 951.50 Appeal of Denial of Access

- a) Any person who is denied access ~~in any manner~~ to the records of the Department (either in whole, or in part) may appeal the denial to the Director of Insurance ~~within thirty (30) days of notification of--such denial.~~ The appeal must be made in writing within (30) days of notification of such denial and be addressed to the Director of Insurance, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001. The letter and envelope should be clearly marked "FREEDOM OF INFORMATION APPEAL."

- b) The Director shall make a written determination with respect to any such appeal within seven (7) working days of its receipt. The appealing party shall be ~~immediately~~ notified in writing of the Director's determination, ~~and of his~~ The appealing party will also be informed of their right to seek judicial review of any final determination made by the Director to uphold, in whole or in part, the Department's refusal to make available the requested records. If the Director determines that all or part of the records are accessible to the public, the Director ~~he~~ shall notify the appealing party as to the extent such records will be available, when they may be inspected, and if copies have been requested, and the fees to be charged.

- c) Failure of the Director to make a written determination on an appeal within seven (7) working days of its receipt shall be considered a denial of such appeal.

- d) If the appeal is denied, in whole, or in part, the appealing party may seek judicial review by filing ~~the~~ suit for injunctive or declaratory relief in a court with proper jurisdiction ~~for judicial review of the denial.~~

(Source: Amended at 21 Ill. Reg. 5154, effective APR 15 1997)

Section 951.60 Fee Schedule for Copies of Records, Certification and Electronic Data

- a) The Department of Insurance shall charge the fees set forth below for the reproduction and/or certification of public records maintained by

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the Department, pursuant to Section 408 and 408.2 of the Illinois Insurance Code [250 ILCS 5/408, 408.2] and--for-the-provision-of computer-data-maintained-by-the-Department. Copies will be furnished without charge, or at a reduced charge if the Department determines that a fee waiver, or reduction of the fee is in the public interest because--furnishing--the--information--can--be--considered--as--primarily benefiting--the--general--public. Such a determination to grant a fee waiver will ordinarily not be made unless the furnishing of the information will primarily benefit the general public, as opposed to the personal or commercial benefit of the requester of the information. Please see Section 6 of the FOIA [5 ILCS 140/6]. A fee waiver must be requested and an explanation of the intended use for the information requested must be provided. Charges may be waived if:

- 1) The requester is a State agency;
 - 2) The requester is an agency of the Federal, county, township, city, or other governmental body, including school districts;
 - 3) The requester is a constitutional officer, or a member of the General Assembly, or United States Congress, or staff of a constitutional officer or member of the General Assembly or United States Congress;
 - 4) The requester is a not-for-profit organization;
 - 5) The requester is indigent;
 - 6) The requester is the news media; or
 - 7) When the FOIA officer determines that a fee waiver serves the public interest.
- b) Copies - For copies of papers or records, \$1.00 per page.
- c) Certification -
- 1) For certification of an insurance producer's agent's or broker's license, \$10.00 for each certification.
 - 2) For all other certifications, \$10.00 \$5-60 per document.
- d) Computerized Records - The following information is available the price--schedule for standard computer reports and tapes available from the Department. These prices are subject to change. For the costs of these custom reports, contact the Public Sale Coordinator, Data Processing Manager at (217) 524-0605 - TDD (217) 524-4872; 782-3047.
- 1) Licensee Data: Information is available for Insurance Producers and Registered Firms. This information can be organized by zip code available in either upstate (60000-60699), or downstate (60700-62999) report forms. In addition, information is available regarding producers with specific authority, resident producers subject to continuing education, applicants passing exams and viatical settlement providers. Information can also be obtained regarding premium finance, public adjuster, surplus line, Third Party Administrators and Third Party Prescription Program licensees/registrants.
 - 2) Complaint Data: A standard statistical report is available which includes the number of complaints for a given company, and further includes categories for the types of coverage and general

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reasons for the complaint.

- 3) Insurer Data: Various information is available for the following: insurance companies, HMO's, reinsurers, and managed care organizations. Computer data is also available for premium comparisons of auto, homeowner and Medicare supplement insurance. Police/Fireman Pension Data: A report of all funds by name and address is available.
- 4) Homeowner/Residential Fire Policy Counts: Information is available by raw data, zip code market share and company detail report (new, renewal, non-renewal and cancellation by zip code for Chicago and East St. Louis).

Agent/Broker Data

- 1) A) Tape--of--Data--Base--(Requires-three-6250-Bpi-Tapes-or-Seven-1600-Bpi-Tapes)-----\$600/Request
 - B) Microfiche-of-Data-Base-----\$300/Request
 - C) List-of-Agents-for-a-Company-----\$200/Company
 - D) Exam-Candidate-List-----\$100/Biweekly
 - E) Exam-Passed-List-----\$100/Biweekly
 - F) List/Tape-of-all-Licensees--of--Certain-Agent-Kind(s)--or-Broker-Classes)-----\$600/Tape
 - G) List--of--Premium--Finance, Public-Adjuster-or-Surplus-Fines licensees-----\$100/Biweek
 - H) Broker-Cancellation-List-----\$100/Month
- #### Complaint Data
- 2) Copy-of-Non-Confidential-Standard-Report-(e.g.-complaints-by-company--coverages-or-reasons)-----\$200/Report
- #### Company Data:
- 3) A) Tape/Biweek-of-Company-Name, Address-and-Authority---\$100/Tape or-Biweek
 - B) Summed-Labels-of-Company-Name-and-Address-\$200/Summed-Labels
 - C) Copy--of--Non-Confidential--Standard--Report--(e.g.--market share)-----\$200/Report
 - D) Copy-of-Company-Solidity--Test--Result--(available--only--to company)-----\$100/Company
- #### Police/Firemen Pension Data
- 4) List-of-Funds---Name-and-Address-----\$100/Request
- 5) A) Homeowner/Residential--Fire--Policy--Counts--Tape-of-Raw-Data-----\$600/Year
 - B) Company--Detail--Report--(new--renewal--non-renewal--and cancellation--by--zip--for--Chicago--and--East--St--Louis)-----\$600/Year
- #### Work-Comp--Data
- 6) A) Tape/Biweek--of--Individual--Self-Insurers--Name--and--Address-----\$100/Tape-or

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

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B+	Summed-Labels-of-Individual-Self-Insurers-Name--and--Address
	-----\$200/Summed

Feb 29

71 Custom-Reports

Contact-the-Department-s-Data-Processing-Manager-for-prices-
Payment - Payment for furnishing computer data must be paid in advance
of delivery. Payment should be made by check or money order payable
to the Director of Insurance. Upon receipt of payment, the Department
will provide the requester with the requested computer data. For
other copying, and certification fees, the FOIA Officer will notify
the requester of what the copying fees will be, before they are
incurred. Once the requester has been notified of what copying fees
will be charged and the requester accepts the charges, the Department
will provide the requested information and the requester will be
billed by invoice for the copying fees. All--fees--for--copying--
certification--and--furnishing--computer-data--must--be--paid--in--advance-
Payment--should--be--made--by--check--or--money--order--payable--to--the--Director
of--Insurance:--The-Department-shall-upon-receipt-of-payment--provide
the-requester-with-the-requested-information-and-materials- Questions
concerning reproduction or certification costs should be directed to
the FOIA Chief-Information-Officer, Department of Insurance, 320 West
Washington Street, 4th Floor, Springfield, Illinois 62767-0001.

(Source: Amended at	21	Ill.	Reg.	effective
4PR 15 1997				5154

Section 951.70 Inspection of Public Records

a) Generally, public records will be made available for inspection at the Department's Springfield Office between the hours of 10:00 a.m. and 3:00 p.m.

b) Requesters must contact the Chief Information Officer to schedule an appointment to inspect the requested records.

c) b) An employee of the Department may be present throughout the inspection. A requestor may be prohibited from bringing bags, briefcases or other containers into the inspection rooms.

d) Documents which the requester wishes to have copied shall be segregated during the course of the inspection. Generally, all copying shall be done by Department employees.

(Source: ~~Amended~~ at 21 Ill. Reg. 2135, effective APR 15 1991.)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Pretreatment Programs

2) Code Citation: 35 Ill. Adm. Code 310

	<u>Section Numbers:</u>	<u>Amended Action:</u>
3)	310.107	Amended

4) Statutory Authority: 415 ILCS 5/13. 13.3 and 27

5) Effective Date of Amendments: April 10, 1997

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? Yes

8) Date filed in Board's principal office: Order adopted in R97-7 on April 3, 1997.

9) Notice of Proposal Published in Illinois Register: January 24, 1997, 21 Ill. Reg. 1147.

10) Has JCAR issued a Statement of Objections to these rules? Section 22.4(a) of the Environmental Protection Act (415 ILCS 5/22.4(a)) provides that Section 5 of the Illinois Administrative Code [5 ILCS 100/5-35 and 5-40] shall not apply. Because this rulemaking is not subject to Section 5 of the IAPA, it is not subject to first notice or to second notice review by JCAR.

11) Differences between proposal and final version: In 310.107(b) for incorporation of 40 CFR 136 and 40 CFR 430, deleted references to amendments in federal register and updated references to the 1996 CFR which included the amendments.

12) Have all the changes agreed upon by the Board and JCAR been made as indicated in the agreement letter issued by JCAR? Section 22.4(a) of the Environmental Protection Act [415 ILCS 5/22.4(a)] provides that Section 5 of the Illinois Administrative Procedure Act [5 ILCS 100/5-35 and 5-40] shall not apply. Because this rulemaking is not subject to Section 5 of the IAPA, it is not subject to first notice or to second notice review by JCAR.

13) Will these amendments replace an emergency rule currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and Purpose of Amendments: Section 13.3 of the Act requires the Board to adopt regulations which are "identical in substance" with federal regulations promulgated by the United States Environmental Protection

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Agency (USEPA) to implement the pretreatment requirements of Sections 307 and 402 of the Clean Water Act. The proposed amendments adopt the amendments to the pretreatment regulations adopted by the USEPA between January 1, 1996 and June 30, 1996.

The USEPA amended 403.5 to allow POTWS with an approved pretreatment program to establish limits to address the land disposal restrictions. The Board accordingly updates the incorporation of 40 CFR 403.5 in Section 310.107 of the Board's pretreatment regulations. Since the Board incorporates by reference 40 CFR 403.5 which as amended references the new land disposal restrictions in 40 CFR 268.40.

A more detailed description is contained in the Board's opinion of April 3, 1997, in R97-7, which Opinion is available from the address below.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Diane F. O'Neill, Attorney
Illinois Pollution Control Board
100 W. Randolph, 11-500
Chicago, IL 60601
312-814-6062

Requests for copies of the April 3, 1997 opinion should be addressed to Clerk of the Board at the above address and should reference Docket R97-7.

The full text of the adopted amendments begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE C: WATER POLLUTION
CHAPTER I: POLLUTION CONTROL BOARD

PART 310
PRETREATMENT PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section	
310.101	Applicability
310.102	Objectives
310.103	Federal Law
310.104	State Law
310.105	Confidentiality
310.107	Incorporations by Reference
310.110	Definitions
310.111	New Source

SUBPART B: PRETREATMENT STANDARDS

Section	
310.201	General Prohibitions
310.202	Specific Prohibitions
310.210	Specific Limits Developed by POTW
310.211	Local Limits
310.220	Categorical Standards
310.221	Category Determination Request
310.222	Deadline for Compliance with Categorical Standards
310.230	Concentration and Mass Limits
310.232	Dilution
310.233	Combined Wastestream Formula

SUBPART C: REMOVAL CREDITS

Section	
310.301	Special Definitions
310.302	Authority
310.303	Conditions for Authorization to Grant Removal Credits
310.310	Calculation of Revised Discharge Limits
310.311	Demonstration of Consistent Removal
310.312	Provisional Credits
310.320	Compensation for Overflow
310.330	Exception to POTW Pretreatment Program
310.340	Application for Removal Credits Authorization
310.341	Agency Review
310.343	Assistance of POTW
310.350	Continuance of Authorization

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

310.351 Modification or Withdrawal of Removal Credits

SUBPART D: PRETREATMENT PERMITS

Section

310.400 Preamble
 310.401 Pretreatment Permits
 310.402 Time to Apply
 310.403 Imminent Endangerment
 310.410 Application
 310.411 Certification of Capacity
 310.412 Signatures
 310.413 Site Visit
 310.414 Completeness
 310.415 Time Limits
 310.420 Standard for Issuance
 310.421 Final Action
 310.430 Conditions
 310.431 Duration of Permits
 310.432 Schedules of Compliance
 310.441 Effect of a Permit
 310.442 Modification
 310.443 Revocation
 310.444 Appeal

SUBPART E: POTW PRETREATMENT PROGRAMS

Section

310.501 Pretreatment Programs Required
 310.502 Deadline for Program Approval
 310.503 Incorporation of Approved Programs in Permits
 310.504 Incorporation of Compliance Schedules in Permits
 310.505 Reissuance or Modification of Permits
 310.510 Pretreatment Program Requirements
 310.521 Program Approval
 310.522 Contents of Program Submission
 310.524 Content of Removal Allowance Submission
 310.531 Agency Action
 310.532 Defective Submission
 310.533 Water Quality Management
 310.541 Deadline for Review
 310.542 Public Notice and Hearing
 310.543 Agency Decision
 310.544 USEPA Objection
 310.545 Notice of Decision
 310.546 Public Access to Submission
 310.547 Appeal

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

SUBPART F: REPORTING REQUIREMENTS

Section

310.601 Definition of Control Authority
 310.602 Baseline Report
 310.603 Compliance Schedule
 310.604 Report on Compliance with Deadline
 310.605 Periodic Reports on Compliance
 310.606 Notice of Potential Problems
 310.610 Monitoring and Analysis
 310.611 Requirements for Non-Categorical Standard Users
 310.612 Annual POTW Reports
 310.613 Notification of Changed Discharge
 310.621 Compliance Schedule for POTW's
 310.631 Signatory Requirements for Industrial User Reports
 310.632 Signatory Requirements for POTW Reports
 310.633 Fraud and False Statements
 310.634 Recordkeeping Requirements

SUBPART G: FUNDAMENTALLY DIFFERENT FACTORS

Section

310.701 Definition of Requester
 310.702 Purpose and Scope
 310.703 Criteria
 310.704 Fundamentally Different Factors
 310.705 Factors which are Not Fundamentally Different
 310.706 More Stringent State Law
 301.711 Application Deadline
 310.712 Contents of FDF Request
 310.713 Deficient Requests
 310.714 Public Notice
 310.721 Agency Review of FDF Requests
 310.722 USEPA Review of FDF Requests

SUBPART H: ADJUSTMENTS FOR POLLUTANTS IN INTAKE

Section

310.801 Net/Gross Calculation by USEPA

SUBPART I: UPSETS

Section

310.901 Definition
 310.902 Effect of an Upset
 310.903 Conditions Necessary for an Upset
 310.904 Burden of Proof
 310.905 Review ability of Claims of Upset
 310.906 User Responsibility in Case of Upset

POLLUTION CONTROL BOARD
NOTICE OF ADOPTED AMENDMENTS

- c) The following federal statutes are incorporated by reference:
- 1) Section 1001 of the Criminal Code (18 U.S.C. 1001) as of July 1, 1988;
 - 2) Clean Water Act (33 U.S.C. 1251 et seq.) as of July 1, 1988;
 - 3) Subtitles C and D of the Resource Conservation and Recovery Act (42 U.S.C. 6901 et seq.) as of July 1, 1988.
- d) This Part incorporates no future editions or amendments.
- (Source: Amended at 21 Ill. Reg. 5163, effective APR 1 1997)

POLLUTION CONTROL BOARD
NOTICE OF ADOPTED AMENDMENTS

SUBPART J: BYPASS

- | | | | | |
|---------|-----------------------|---------------|------------|---------------------------|
| Section | Definition | | | |
| 310.910 | Bypass | Not Violating | Applicable | Pretreatment Standards or |
| 310.911 | Requirements | | | |
| 310.912 | Notice | | | |
| 310.913 | Prohibition of Bypass | | | |

SUBPART K: MODIFICATION OF POTW PRETREATMENT PROGRAMS

- | | |
|---------|---------------------------|
| Section | |
| 310.920 | General |
| 310.921 | Procedures |
| 310.922 | Substantial Modifications |

AUTHORITY: Implementing and authorized by Sections 13, 13.3, and 27 of the Environmental Protection Act [415 ILCS 5/13, 13.3 and 27].

SOURCE: Adopted in R86-44 at 12 Ill. Reg. 2502, effective January 13, 1988; amended in R88-18 at 13 Ill. Reg. 2463, effective January 31, 1989; amended in R89-3 at 13 Ill. Reg. 19243, effective November 27, 1989; amended in R89-12 at 14 Ill. Reg. 7608, effective May 8, 1990; amended in R91-5 at 16 Ill. Reg. 7346, effective April 27, 1992; amended in R95-22 at 20 Ill. Reg. 5533, effective April 1, 1996; amended in R96-12 at 20 Ill. Reg. 10671, effective July 24, 1996; amended in R97-7 at 21 Ill. Reg. 5163, effective APR 1 1997.

Section 310.107 Incorporations by Reference

- a) The following publications are incorporated by reference:
- 1) The consent decree in NRDC v. Costle, 12 Environment Reporter Cases 1833 (D.C. Cir. August 16, 1978).
 - 2) Standard Industrial Classification Manual (1972), and 1977 Supplement, republished in 1983, available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20401.
- b) The following provisions of the Code of Federal regulations are incorporated by reference:
- 40 CFR 2.302 (1994)
 - 40 CFR 25 (1994)
 - 40 CFR 122, Appendix D, Tables II and III (1994)
 - 40 CFR 128.140(b) (1977)
 - 40 CFR 136 (1996) ~~(1995)~~ ~~as amended at 60 Fed. Reg. 39586 August 27, 1995~~ ~~60 Fed. Reg. 44670 August 20, 1995 and 60 Fed. Reg. 53529 October 16, 1995~~
 - 40 CFR 403 (1996) ~~(1995)~~
 - 40 CFR 403, Appendix D (1994)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Emergency Medical Services and Trauma Center Code2) Code Citation: 77 Ill. Adm. Code 5153) Section Numbers: Adopted Action:

515.100 New Section
 515.125 New Section
 515.150 New Section
 515.160 New Section
 515.170 New Section
 515.210 New Section
 515.220 New Section
 515.230 New Section
 515.300 New Section
 515.310 New Section
 515.320 New Section
 515.330 New Section
 515.340 New Section
 515.350 New Section
 515.360 New Section
 515.370 New Section
 515.380 New Section
 515.390 New Section
 15.400 New Section
 515.410 New Section
 515.420 New Section
 515.430 New Section
 515.440 New Section
 515.500 New Section
 515.510 New Section
 515.520 New Section
 515.530 New Section
 515.540 New Section
 515.550 New Section
 515.560 New Section
 515.570 New Section
 515.580 New Section
 515.590 New Section
 515.600 New Section
 515.610 New Section
 515.700 New Section
 515.710 New Section
 515.720 New Section
 515.730 New Section
 515.740 New Section
 515.750 New Section
 515.760 New Section
 515.800 New Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

515.810 New Section
 515.820 New Section
 515.830 New Section
 515.900 New Section
 515.910 New Section
 515.920 New Section
 515.930 New Section
 515.935 New Section
 515.940 New Section
 515.945 New Section
 515.950 New Section
 515.955 New Section
 515.960 New Section
 515.965 New Section
 515.970 New Section
 515.975 New Section
 515.980 New Section
 515.985 New Section
 515.990 New Section
 515.995 New Section
 515.1000 New Section
 515.2000 New Section
 515.2010 New Section
 515.2020 New Section
 515.2030 New Section
 515.2040 New Section
 515.2050 New Section
 515.2060 New Section
 515.2070 New Section
 515.2080 New Section
 515.2090 New Section
 515.2100 New Section
 515.3000 New Section
 515.Appendix A New Section
 515.Appendix B New Section
 515.Appendix C New Section
 515.Appendix D New Section
 515.Appendix E New Section
 515.Appendix F New Section

 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

 5) Effective Date of Rules: April 15, 1997

 6) Does this Rulemaking Contain an Automatic Repeal Date? No

 7) Does this Rulemaking Contain Any Incorporations By Reference? Yes

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 8) Date Filed in Agency's Principal Office: April 15, 1997
- 9) Date Notice(s) of Proposal was Published in Illinois Register: August 30, 1996 - 20 Ill. Reg. 11602
- 10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No
- 11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:
1. In the Table of Contents, "515.760 Trauma Nurse Specialist Program Plan" was added.
 2. In the Table of Contents, "Delegation" was added after "Designation"
 3. In Section 515.150(b)(6), "statement of" was deleted.
 4. In Section 515.160(a)(4), "for" was changed to "forth".
 5. The following was added in Section 515.170(a):
"The employer shall examine a valid, original license for compliance with this subsection (a)."
 6. In Section 515.230(a)(3), "would" was changed to "should".
 7. In Section 515.330(1)(6), "internal provider self-assessments" was changed to "peer review".
 8. In Section 515.350(a), "and every non-emergency medical transport by a Department-licensed vehicle" was deleted.
 9. Subsection (i) was added in Section 515.410 as follows:
i) Written protocols shall include a requirement that before terminating communications with medical control, pre-hospital personnel must notify medical control of a method by which the ambulance can be re-contacted, and must set its communications equipment so as to be able to receive a call from medical control.
 10. In Section 515.420(e), "retailed" was changed to "retained".
 11. In Section 515.510(b), "not limited to" was deleted.
 12. Section 515.610(b)(3) was revised as follows:
3) A letter of recommendation from the EMS Medical Director of the EMS System in the State from which the individual came. This letter should include a statement that the EMT is currently in good standing and up to date with continuing education hours.
 13. In Section 515.710(f), "employee" was changed to "employer".
 14. In Section 515.750(a)(3), "an application" was changed to "a Trauma Nurse Specialist Program Plan".
 15. Subsection 515.750(b)(3) was deleted.
 16. Subsection 515.750(c)(1) was changed to "EMS/Trauma System concepts".
 17. Subsection 515.750(c)(6) was changed to "Neurological, respiratory and cardiac anatomy and physiology, and assessment".
 18. Subsection 515.750(c)(7) was changed to "Head trauma".
 19. Subsection 515.750(c)(8) was changed to "Spinal trauma".

DEPARTMENT OF PUBLIC HEALTH

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20. In Section 515.750(e)(1) and (e)(3), "Regional Nurse Coordinator" was changed to "TNSCC".
21. Subsection 515.750(e)(2)(D) was deleted.
22. In Section 515.750(e)(3)(A), "an opportunity" was changed to "one opportunity".
23. Subsection 515.750(e)(4) was amended as follows:
4) Each TNS course site shall offer practical and final written examinations based upon regional needs.
24. "After initial recertification, [a] was added at the beginning of subsection 515.750(f)(3).
25. "60 hours" was changed to "40 hours" in subsection 515.750(f)(3)(C).
26. In subsection 515.750(f)(3)(C), "to" was deleted; ", which may include hours required for ECRN certification, and which must" was inserted; "at least" was changed to "any of".
27. Insert a new subsection 515.750(g) as follows:
g) TNS Recertification
1) All persons certified as Trauma Nurse Specialists on the effective date of this Part shall be considered Trauma Nurse Specialists meeting the requirements of this Part.
- 2) Initial recertification will occur by Region beginning in 1999.
- 3) Standardized renewal dates will be assigned per region by the TNSCC.
- 4) The TNS final written examination will be used for initial recertification.
- 5) A TNS certification will be effective for four years.
- 6) The certificate of a TNS who has failed to file an application for recertification shall terminate on the day following the expiration date shown on the certificate.
28. A new Section 515.760 was inserted.
29. Subsection 515.830(b)(4)(G) was deleted.
30. Subsection 515.830(b)(4)(DD) was deleted.
31. New subsections 515.830(b)(4)(GG) and (HH) were added:
GG) One each adult, child and infant sized oxygen masks that are semi-open, valveless, transparent and disposable
HH) Three each nasal cannulas
32. In Section 515.900(a)(1), "or deliver" was deleted.
33. In Section 515.920(e)(4), "or equivalent education" was added.
34. In Section 515.935(c)(2), the following was added:
"and 25 hours in the specific make and model of aircraft before flying as the pilot-in-command on patient missions, or completion of a commercially established training program for the specific make and model aircraft and the successful completion of the check ride;"
35. In Section 515.940(b), "for Basic Life Support" was added after "member" in line 1.
36. The following was added in Section 515.940(b) in line 2 after "Section":

DEPARTMENT OF PUBLIC HEALTH

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"and two aeromedical crew members for Advanced Life Support or critical care transport missions who have met the requirements of subsection (a) of the Section."

37. A new 515.960(b) was added as follows:

"b) Training of the designated person shall be commensurate with the scope of responsibility of the communications center and pertinent to the air medical service, including:

- 1) EMT licensure or the equivalent in knowledge or experience;
- 2) Knowledge of Federal Aviation Regulation and Federal Communications Commission regulations;
- 3) General safety rules, emergency procedures and flight following procedures;
- 4) Navigation techniques/terminology and understanding weather interpretation;
- 5) Types of radio frequency bands used; and
- 6) Stress recognition and management."

38. A new subsection 515.960(f) was added as follows:

"f) A system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings shall be kept for 30 days.

39. Subsection 515.2010(b) was deleted.

40. In Section 515.2030(c), "with immediate response" was added after "day" in the last line.

41. A new subsection 515.2030(c)(6) was added as follows:

6) The Trauma Center shall have the option of allowing the Emergency Department personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) or (e) of this Section. Any patient meeting the definition of isolated injury below requires consultation with the appropriate subspecialists, except for neurosurgical injury, within 60 minutes from the notification that his or her services are needed at the hospital or initiation of specialty center transfer within 30 minutes of arrival and transfer completed operative intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes from the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.

42. Section 515.2030(e)(1)(A)(i), was changed to "Certification in Emergency Medicine by the ABEM or the AOBEM".

43. Section 515.2030(e)(1)(A)(iii) was changed to "Completion of a residency program in Emergency Medicine Approved by the Residency Review Committee for Emergency Medicine or the Council on Postdoctoral Training (COPT) for the AOA".

44. In Section 515.2030(e)(3)(A), "1 24 hours a day" was added after "in-house".

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45. In Section 515.2030(e)(4)(A), "adult" was deleted.

46. In Section 515.2040(c)(1), "with independent operating room privileges" was deleted.

47. In Section 515.2040(c)(3) "Category I" was deleted.

48. In Section 515.2040(c)(4), line 1, "or" was deleted, and "or surgical subspecialist" was added after "resident".

49. In Section 515.2040(f)(1)(A)(iii), "or the Council on Postdoctoral Training (COPT) for AOA" was added after "Medicine".

50. In Section 515.2040(f)(8)(A), "adult" was deleted.

51. Section 515.2050(a) was revised as follows:

"a) Each trauma center shall have available to the Trauma Service use of an IBM compatible personal computer capable of handling the software contracted by the Department and that meets the following standards: 486 microprocessor, 32 megabytes Random Access Memory (RAM)...."

52. An Agency Note was added in Section 515.2050(a) as follows:

"AGENCY NOTE: For example, Windows 95 would meet these requirements."

53. The following was added in Section 515.2050(e): "The Department shall review a trauma center whose annual morbidity falls two standard deviations above the mean."

54. In Section 515.2050(b)(1)(C), "COUNCIL" was changed to "THE Advisory COUNCIL on Spinal Cord and Head Injuries".

55. In Section 515.2060(b), "refers" was changed to "may refer" in line 4; "PCV four or greater" was changed to "physician" in line 6; and "by the ED physician" was deleted in line 11.

56. In Section 515.2060(e), "must" was changed to "should".

57. Section 515.2060(f)(1) was amended in part, to read:

"greater than 29/min
10-29/min"

58. In Section 515.2060(f)(2), "57" was changed to "75".

59. In the heading of Section 515.2070, "Delegation" was added after "Designation".

60. "Illinois State Ambulance Association" was added in Section 515.2100(a)(8).

61. The following was added in Section 515.3000: "For 1997 only, the deadline shall be April 1."

62. The second "Designation" was deleted in Section 515.Appendix B(b).

63. In Section 515.Appendix D(1.), "Rhythm Blocks" and "Right Heart Failure" were deleted.

64. In Section 515.Appendix D(3.), "Alcohol Related Emergencies" was deleted.

65. In Section 515.Appendix D(5.), PEDIATRIC TOXIC EXPOSURES/INGESTIONS, was amended as follows:

"incorporate accidental/environmental events commonly encountered in the pediatric population. Special consideration should be made to the susceptibility of children to environmental events such as hyperthermia."

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66. In Section 515.330(h)(6), PEDIATRIC BURNS, the last sentence was changed to: Differentiation should be made between thermal injuries, chemical injuries and electrical injuries.
67. In Section 515.360(b)(2)(c), PEDIATRIC TRAUMA, "and addressing the unique needs of the head-injured child" was added after "facility".
68. In Section 515.360(d)(3), "Sudden Infant Death Syndrome (SIDS)" was deleted.
69. In Section 515.360(e)(1), paragraph 1, "transport to and non-transport information," was added after "control".
70. In Section 515.360(f)(1), paragraph 5, "ethnic origin," was added after "gender"; "resuscitation status" was added before "approximate".
71. In Section 515.360(f)(1), "System" was added after "EMS".
72. In Section 515.360(f)(1), paragraph 2, "Level II and 30 minutes Level I" was deleted and "and except for Level I (OB/GYN, pediatric surgery and cardiovascular thoracic), within 30 minutes" was added.
73. In Section 515.360(f)(1), paragraph 2, "Level II and 30 minutes Level I" was deleted and "and except for Level I (OB/GYN, pediatric surgery and cardio-vascular thoracic), within 30 minutes after notification that his or her services are needed at the hospital" was added.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

1. In Section 515.150(d)(5)(B), "support the request" was added after "referrals".
2. A new subsection 515.150(h) was added:

"h) The Department shall grant a waiver of Section 515.830(a)(1) of this Part for a vehicle that changes ownership after April 1, 1997, if the vehicle meets the requirements of the U.S. General Services Administration's 'Specifications for Ambulance' (KKK-A-1822C)."
3. Section 515.330(h)(6) was changed to: "informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;".
4. In Section 515.330(m), "status" was added after "bypass".
5. Section 515.360(b)(2)(c) was changed to "adverse reactions".
6. In Section 515.700(e)(3), "the effective date of this Part" was changed to "April 15, 1997".
7. In Section 515.700(g), "ONE OR MORE OF THE FOLLOWING" was deleted.
8. Section 515.750(c)(6) was changed to "neurological, respiratory and cardiac anatomy, physiology and assessment".
9. In Section 515.750(g)(1), "the effective date of this Part" was changed to "April 15, 1997".
10. In Section 515.760(e), "plan shall consist of the RMS" was deleted.
11. In Section 515.830(a)(1), "the effective date of this Part" was changed to "April 15, 1997".
12. In Section 515.830(a)(1), "with the exception of Section 3.16.2, Color, Paint and Finish," was added.
13. In Section 515.830(b)(5)(GG), "infant" was changed to "neonate".

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14. Subsection 515.830(d)(4) was added:
- "4) Fire extinguisher - 2 each, ABC dry chemical, minimum 5 pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment."
15. In Section 515.920(e)(1), "air" was deleted.
16. Subsection 515.950(c) was added:
- "c) The Department's approval shall be based on, but not limited to:
- 1) Length of time of the mission;
 - 2) Possible environmental or weather hazards;
 - 3) Number of individuals served; and
 - 4) Medical condition of individuals served."
- "The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist within 60 minutes after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single anatomic body region with no potential for multisystem involvement."
18. Section 515.2040(c)(7) was amended as follows:
- "The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsections (d) and (e) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist within 60 minutes after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single anatomic body region with no potential for multisystem involvement."
19. In Section 515.2050(i)(2)(G), "the name of" was added after "release".
20. In Section 515.2060(b), third sentence, "but not limited to," was added after "including".
21. In Section 515.2080(a), first sentence, "ANY MEDICAL AUDIT PERFORMED" was added after the first "OR".
22. In Section 515.2080(e), first paragraph, "to" was deleted after "transport".
23. Section 515.2080(f)(b), second paragraph, was amended to read:
- "Any patient meeting the definition of isolated injury requires

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- 14) Are there any other Amendments Pending on this Part? No
- 15) Summary and Purpose of Rules: Public Act 89-177 (effective July 19, 1995) substantially amended the Emergency Medical Services (EMS) Systems Act. In response to these amendments to the authorizing statute, the Department is repealing its existing rules and adopting new rules implementing P.A. 88-177. Section 515.200, which establishes EMS regions, has already been adopted effective February 9, 1996.

Subpart A sets forth general requirements including definitions; incorporated and referenced materials; waiver provisions; procedures concerning violations, hearings and fines; and employer responsibility.

Requirements for EMS Regions are in Subpart B. [Section 515.200 is not included in this rulemaking, since it has already been adopted.] Subpart C establishes requirements for EMS Systems, including provisions for EMS System Program Plans; Approval and renewal of EMS Systems; data collection and submission; Do Not Resuscitate policies; and automated defibrillation.

Subpart D governs Emergency Medical Technicians, including training and testing, licensing and continuing education requirements; and renewals, reciprocity and inactive status.

Subpart E establishes rules for EMS Lead Instructors, Emergency Medical Dispatchers, First Responders, Pre-Hospital Registered Nurses, Emergency Communications Registered Nurses, and Trauma Nurse Specialists.

Vehicle Service Providers are regulated in Subpart F, and ambulance licensing requirements are listed. Specialized Emergency Medical Services Vehicle (SEMSV) programs are regulated in Subpart G. These are vehicles or conveyances, other than those owned or operated by the federal government, primarily intended for use in transporting the sick or injured by means of air, water or ground transportation, and which are not ambulances.

Subpart H governs Trauma Centers, including designation criteria for Level I and Level II Trauma Centers; uniform reporting requirements; trauma patient evaluation and transfer; confidentiality and immunity; and pediatric care.

Subpart I governs administration of the EMS Assistance Fund, including application requirements, use of funds, and grantee responsibilities.

- 16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito

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consultation with the appropriate subspecialist within 60 minutes after trauma patient identification, except for neurosurgery and Level I OB/GYN, pediatric surgery and cardiovascular surgery. When neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of the need for operative intervention. In a Level I trauma center, the OB/GYN, pediatric surgery or cardiovascular surgical subspecialist must arrive within 30 minutes after notification of the subspecialist that his or her services are needed at the hospital. Where specialty services are provided by transfer agreement, a transfer to a specialty center shall commence within 30 minutes after the patient's arrival, and shall be completed within two hours. An isolated injury refers to transfer of energy to a single anatomic body region with no potential for multisystem involvement."

24. Section 515. Appendix F(c), paragraph 2, was amended to read:
"Any patient meeting the definition for isolated injury requires a telephone consultation with the appropriate subspecialist (within 60 minutes Level II and 30 minutes Level I of identified need by the emergency department physician), except for neurosurgical injury, which requires an on-site consultation within 60 minutes after notification of the neurosurgeon that his or her services are needed at the hospital. In a level I trauma center, the surgical subspecialist for OB/GYN, pediatric and cardiovascular thoracic surgery must arrive within 30 minutes after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must be available in a fully staffed operating room within 60 minutes after identification of the need for operative intervention. Where specialty services are provided by transfer agreement, a transfer to a specialty center shall commence within 30 minutes after the patient's arrival, and the transfer shall be completed within two hours. An isolated injury refers to the transfer of energy to a single anatomic body region with no potential for multisystem involvement."

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

- 13) Will the Rules Replace an Emergency Rule Currently in Effect? No

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Division of Governmental Affairs
 Department of Public Health
 535 West Jefferson, Fifth Floor
 Springfield, IL 62761
 217/782-6187

The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
 SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515

EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

Section
 515.100
 515.125
 515.150
 515.160
 515.170

Definitions
 Incorporated and Referenced Materials
 Waiver Provisions
 Violations, Hearings and Fines
 Employer Responsibility

SUBPART B: EMS REGIONS

Section
 515.200
 515.210
 515.220
 515.230

Emergency Medical Services Regions
 EMS Regional Plan Development
 EMS Regional Plan Content
 Resolution of Disputes Concerning the EMS Regional Plan

SUBPART C: EMS SYSTEMS

Section
 515.300
 515.310
 515.320
 515.330
 515.340
 515.350
 515.360
 515.370
 515.380
 515.390
 515.400
 515.410
 515.420
 515.430
 515.440

Approval of New EMS Systems
 Approval and Renewal of EMS Systems
 Scope of EMS Service
 EMS System Program Plan
 EMS Medical Director's Course
 Data Collection and Submission
 Approval of Additional Drugs and Equipment
 Automated Defibrillation
 Do Not Resuscitate (DNR) Policy
 Minimum Standards for Continuing Operation
 General Communications
 EMS System Communications
 System Participation Suspensions
 Suspension, Revocation and Denial of Licensure of EMTs
 State Emergency Medical Services Disciplinary Review Board

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section
 515.500
 515.510
 515.520

Emergency Medical Technician-Basic Training
 Emergency Medical Technician-Intermediate Training
 Emergency Medical Technician-Paramedic Training

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515.530	EMT Testing and Fees
515.540	EMT Licensure
515.550	Scope of Practice - Licensed EMT
515.560	EMT-B Continuing Education
515.570	EMT-I Continuing Education
515.580	EMT-P Continuing Education
515.590	EMT License Renewals
515.600	EMT Inactive Status
515.610	EMT Reciprocity

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section	
515.700	EMS Lead Instructor
515.710	Emergency Medical Dispatcher
515.720	First Responder
515.730	Pre-Hospital Registered Nurse
515.740	Emergency Communications Registered Nurse
515.750	Trauma Nurse Specialist
515.760	Trauma Nurse Specialist Program Plan

SUBPART F: VEHICLE SERVICE PROVIDERS

Section	
515.800	Vehicle Service Provider Licensure
515.810	EMS Vehicle System Participation
515.820	Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
515.830	Ambulance Licensing Requirements

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section	
515.900	Licensure of SEMSV Programs - General
515.910	Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
515.920	SEMSV Program Licensure Requirements for All Vehicles
515.930	Helicopter and Fixed-Wing Aircraft Requirements
515.935	EMS Pilot Specifications
515.940	Aeromedical Crew Member Training Requirements
515.945	Aircraft Vehicle Specifications and Operation
515.950	Aircraft Medical Equipment and Drugs
515.955	Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
515.960	Aircraft Communications and Dispatch Center
515.965	Watercraft Requirements

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515.970	Watercraft Vehicle Specifications and Operation
515.975	Watercraft Medical Equipment and Drugs
515.980	Watercraft Communications and Dispatch Center
515.985	Off-Road SEMSV Requirements
515.990	Off-Road Vehicle Specifications and Operation
515.995	Off-Road Medical Equipment and Drugs
515.1000	Off-Road Communications and Dispatch Center

SUBPART H: TRAUMA CENTERS

Section	
515.2000	Trauma Center Designation
515.2010	Denial of Application for Designation or Request for Renewal
515.2020	Inspection and Revocation of Designation
515.2030	Level I Trauma Center Designation Criteria
515.2040	Level II Trauma Center Designation Criteria
515.2050	Trauma Center Uniform Reporting Requirements
515.2060	Trauma Patient Evaluation and Transfer
515.2070	Trauma Center Designation Delegation to Local Health Departments
515.2080	Trauma Center Confidentiality and Immunity
515.2090	Trauma Center Fund
515.2100	Pediatric Care

SUBPART I: EMS ASSISTANCE FUND

Section	
515.3000	EMS Assistance Fund Administration
APPENDIX A	A Request for Designation (RFD) Trauma Center
APPENDIX B	A Request for Renewal of Trauma Center Designation
APPENDIX C	Minimum Trauma Field Triage Criteria
APPENDIX D	Standing Medical Orders
APPENDIX E	Minimum Prescribed Data Elements
APPENDIX F	Template for In-House Triage for Trauma Centers

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act. [210 ILCS 50] (see also Public Act 89-177, effective July 19, 1995).

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective APR 15 1997.

SUBPART A: GENERAL

Section 515.100 Definitions

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For the purposes of this Part:

Act - the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

Advanced Life Support (ALS) Services - an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the Advanced Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Aeromedical Crew Member or Watercraft Crew Member or Off-road EMSV Crew Member - an individual, other than an EMS pilot, who has been approved by an EMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road EMSV used in a Department-certified EMSV Program.

Affiliate Trauma Hospital - a hospital which participates in an EMS system but is not a Level I or Level II Trauma Center.

Alternate EMS Medical Director or Alternate EMSMD - the physician who is designated by the Resource Hospital to direct the ALS/ILS/BLS operations in the absence of the EMS Medical Director.

Ambulance - any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped for, and is intended to be used for, and is maintained or operated for, the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such an individual. (Section 3.85 of the Act)

Ambulance Service Provider or Ambulance Provider - any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation of emergency patients.

Associate Hospital - a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for

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conducting training programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It must have a functioning Intensive Care Unit and/or a Cardiac Care Unit.

Associate Hospital EMS Coordinator - the EMT-P or Registered Nurse at the Associate Hospital who shall be responsible for duties in relation to the ALS, ILS or BLS System, in accordance with the Department-approved EMS System Program Plan.

Associate Hospital EMS Medical Director - the physician at the Associate Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the ALS, ILS, or BLS System, in accordance with the Department-approved EMS System Program Plan.

Basic Emergency Department - a classification of a hospital emergency department where at least one physician is available in the emergency department at all times; physician specialists are available in minutes; and ancillary services including laboratory, x-ray and pharmacy are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Code (77 Ill. Adm. Code 250).

Basic Life Support (BLS) Services - A basic level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in a Basic Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Certified Registered Nurse Anesthetist or CRNA - a licensed registered professional nurse who has had additional education beyond the registered professional nurse requirements at a school/program accredited by the National Council on Accreditation, and passed the certifying exam given by the National Council on Certification, and who by participating in 40 hours of continuing education every two years, has been recertified by the National Council on Recertification.

Channel, Half-Duplex - a radio channel that transmits and receives signals, but in only one direction at a time.

Comprehensive Emergency Department - a classification of a hospital emergency department where at least one licensed physician is available in the emergency department at all times; physician

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specialists shall be available in minutes; and ancillary services including laboratory and x-ray are staffed at all times; and pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Code (77 Ill. Adm. Code 250).

Department - the Illinois Department of Public Health. (Section 3.5 of the Act)

Director - the Director of the Illinois Department of Public Health or his/her designee. (Section 3.5 of the Act)

Dysrhythmia - a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

Effective Radiated Power (ERP) - the power gain of a transmitting antenna multiplied by the net power accepted by the antenna from the connected transmitter.

Electrocardiogram (EKG) - a single lead graphic recording of the electrical activity of the heart by a series of deflections that represent certain components of the cardiac cycle.

Emergency - a medical condition of recent onset and severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)

Emergency Communications Registered Nurse or ECRN - a registered professional nurse, licensed under the Illinois Nursing Act of 1987, who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols. (Section 3.80 of the Act) These individuals were formerly called MICNS.

Emergency Medical Dispatcher - a person who has successfully completed a dispatching course meeting or exceeding the National Curriculum of the United States Department of Transportation in accordance with this Part, who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles. (Section 3.70 of the Act)

Emergency Medical Services (EMS) System or System - an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and

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non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System Program Plan submitted to and approved by the Department and pursuant to the EMS Regional Plan adopted for the EMS Region in which the System is located. (Section 3.20 of the Act)

Emergency Medical Services System Survey - a questionnaire that provides data to the Department for the purpose of compiling annual reports.

Emergency Medical Technician-Basic or EMT-B - a person who has successfully completed a course of instruction in basic life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an EMS System. (Section 3.50 of the Act)

Emergency Medical Technician - Coal Miner - for purposes of the Coal Mine Medical Emergencies Act, an EMT-B, EMT-I or EMT-P who has received training emphasizing extrication from a coal mine.

Emergency Medical Technician-Intermediate or EMT-I - a person who has successfully completed a course of instruction in intermediate life support as prescribed by the Act and this Part and practices within an Intermediate or Advanced Life Support EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Paramedic or EMT-P - a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an Advanced Life Support EMS System. (Section 3.50 of the Act)

EMS Administrative Director - the administrator, appointed by the Resource Hospital with the approval of the EMS Medical Director, responsible for the administration of the EMS System.

EMS Medical Director or EMSMD - The physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

EMS Lead Instructor - a person who has successfully completed a course of education as prescribed by the Department in this Part, and who is currently approved by the Department to coordinate or teach education, training and continuing education courses, in accordance with this Part. (Section 3.65 of the Act)

EMS Regional Plan - a plan established by the EMS Medical Director's

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Committee in accordance with Section 3.30 of the Act.

EMS System Coordinator - the designated individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the educational and functional aspects of the System program.

EMS System Program Plan - the document prepared by the Resource Hospital and approved by the Department that describes the EMS System program and directs the program's operation.

First Responder - a person who has successfully completed a course of instruction in emergency first response as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency first response course. (Section 3.60 of the Act)

First Response Services - a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and controlling of bleeding, as outlined in the First Responder curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Fixed-Wing Aircraft - an engine-driven aircraft that is heavier than air, and is supported in-flight by the dynamic reaction of the air against its wings.

Full-Time - on duty a minimum of 36 hours, four days a week.

Health Care Facility - a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" which utilize EMTs to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in the Act and this Part. (Section 3.5 of the Act)

Helicopter or Rotorcraft - an aircraft that is capable of vertical take offs and landings, including maintaining a hover.

Hospital - has the meaning ascribed to that term in Section 3 of the Hospital Licensing Act [210 ILCS 85]. (Section 3.5 of the Act)

Instrument Flight Rules or IFR - the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)

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Instrument Meteorological Conditions (IMC) - meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

Intermediate Life Support (ILS) Services - an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support national curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Level I Trauma Center - a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center - a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

Limited Operation Vehicle - A vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales. (Section 3.85 of the Act)

Local System Review Board - a group established by the Resource Hospital to hear appeals from EMTs or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.

Mobile Radio - a two-way radio installed in an EMS vehicle, which may not be readily removed.

Morbidity - a negative outcome that is the result of the original trauma and/or treatment rendered or omitted.

911 - an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services including police, fire, medical ambulance and rescue.

Non-emergency Medical Care - medical services rendered to patients whose condition does not meet the Act's definition of emergency, during transportation of such patients to health care facilities for the purpose of obtaining medical or health care services which are not

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emergency in nature, using a vehicle regulated by the Act and this Part. (Section 3.10 of the Act)

Off-Road Specialized Emergency Medical Services Vehicle or Off-Road SEMSV or Off-Road SEMS Vehicle - a motorized cart, golf cart, all-terrain-vehicle (ATV), or amphibious vehicle that is not intended for use on public roads.

Participating Hospital - a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital.

Physician - any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 90].

Pilot or EMS Pilot - a pilot certified by the Federal Aviation Administration who has been approved by an SEMSV Medical Director to fly a helicopter or fixed-wing aircraft used in a Department-certified SEMSV Program.

Portable Radio - a hand-held radio that accompanies the user during the conduct of emergency medical services.

Pre-Hospital Care - those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to hospitals. (Section 3.10 of the Act)

Pre-Hospital Care Provider - a System Participant or any EMT-B, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN or Physician serving on an ambulance or giving voice orders over an EMS System and subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

Pre-Hospital Registered Nurse or Pre-Hospital RN - A registered professional nurse, licensed under the Illinois Nursing Act of 1987, who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. (Section 3.80 of the Act) This individual was formerly called a Field RN.

Regional EMS Advisory Committee - a committee formed within an Emergency Medical Services (EMS) Region to advise the Region's EMS

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Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each resource hospital within the Region, one administrative representative from an associate hospital within the Region, one administrative representative from a participating hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one Emergency Medical Technician (EMT)/Pre-Hospital RN from each level of EMT/Pre-Hospital RN practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the two administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee. (Section 3.25 of the Act)

Regional EMS Coordinator - the designee of the Chief, Division of Emergency Medical Services and Highway Safety, Illinois Department of Public Health.

Regional EMS Medical Directors Committee - a group comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department vehicle service provider. For Regions that include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other Regions, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis. (Section 3.25 of the Act)

Regional Trauma Advisory Committee - a committee formed within an Emergency Medical Services (EMS) Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each trauma center with the Region, one EMS Medical Director from a resource hospital within the Region, one EMS System Coordinator from another resource hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each trauma center within the Region, one EMT representing the highest level of EMT practicing within the Region, one emergency physician and one Trauma Nurse Specialist (TNS) currently practicing in a trauma center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory

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Committee. (Section 3.25 of the Act)

Registered Nurse or Registered Professional Nurse or RN - a person who is licensed as a professional nurse under the Illinois Nursing Act of 1987 [225 ILCS 65].

Resource Hospital - the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and educational programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

SEMSV Medical Control Point or Medical Control Point - the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

SEMSV Medical Director or Medical Director - the physician appointed by the SEMSV Program who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part.

SEMSV Program or Specialized Emergency Medical Services Vehicle Program - a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, utilizing specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

Specialized Emergency Medical Services Vehicles or SEMSV - a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads. (Section 3.85 of the Act) "Primarily intended", for the purposes of this definition, means one or more of the following:

Over 50 percent of the vehicle's operational (e.g., in-flight) hours are devoted to the emergency transportation of the sick or injured;

The vehicle is owned or leased by a hospital or ambulance provider and is used for the emergency transportation of the sick or injured;

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The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured;

The vehicle is owned, registered or licensed in another state and is used on a regular basis to pick up and transport the sick or injured within or from within this State; or

The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

Standby Emergency Department - a classification of a hospital emergency department where at least one of the registered nurses on duty in the hospital is available for emergency services at all times; and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Code (77 Ill. Adm. Code 250).

Special-Use Vehicle - any public or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for, the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk obstetrical patients, neonatal patients). (Section 3.85 of the Act)

State EMS Advisory Council - a group that advises the Department on the administration of the Act and this Part whose members are appointed in accordance with Section 3.200 of the Act.

System Participation Suspension - the suspension from participation within an EMS System of an individual or individual provider, as specifically ordered by that System's EMS Medical Director.

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Sustained Hypotension - two systolic blood pressures of 90 mmHg five minutes apart or, in the case of a pediatric patient, two systolic blood pressures of 80 mmHg five minutes apart.

Telecommunications Equipment - a radio capable of transmitting and/or

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receiving voice and electrocardiogram (EKG) signals.

Telemetry - the transmission of data by wire, radio, or other means from remote sources to a receiving station for recording and analysis.

Trauma - any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)

Trauma Category I - a classification of trauma patients in accordance with Section 515.Appendix C and 515.Appendix F of this Part.

Trauma Category II - a classification of trauma patients in accordance with Section 515.Appendix C and 515.Appendix F of this Part.

Trauma Center - A hospital which: within designated capabilities provides care to trauma patients; participates in an approved EMS System; and is duly designated pursuant to the provisions of the Act. (Section 3.90 of the Act)

Trauma Center Medical Director - the trauma surgeon appointed by a Department-designated Trauma Center who has the responsibility and authority for the coordination and management of patient care and trauma services at the Trauma Center. He or she must have 24-hour independent operating privileges and shall be board certified in surgery with at least one year of experience in trauma care.

Trauma Center Medical Directors Committee - a group composed of the Region's Trauma Center Medical Directors. (Section 3.25 of the Act)

Trauma Coordinator - a registered nurse working in conjunction with the trauma medical director. The Trauma Coordinator is responsible for the organization of service and systems necessary for a multidisciplinary approach throughout the continuum of trauma care.

Trauma Nurse Specialist or TNS - a registered professional nurse who has successfully completed education and testing requirements as prescribed by the Department, and is certified in accordance with this Part. (Section 3.75 of the Act)

Trauma Nurse Specialist Course Coordinator (TNSCC) - a registered nurse appointed by the Chief Executive Officer of a hospital designated as a TNS Training Site, who meets the requirements of Section 515.750 of this Part.

Trauma Service - an identified hospital surgical service in a Level I or Level II Trauma Center functioning under a designated trauma director in accordance with Sections 515.2030(c) and 515.2040(c) of this Part.

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Unit Identifier - a number assigned by the Department for each EMS vehicle in the State to be used in radio communications.

Vehicle Service Provider - an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with the Act and this Part and an operational plan approved by its EMS System(s), utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV). (Section 3.85 of the Act)

Watercraft - a nautical vessel, boat, aircraft, hovercraft or other vehicle that operates in, on or across water.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997.)

Section 515.125 Incorporated and Referenced Materials

a) The following regulations and standards are incorporated in this Part:

1) Private and professional association standards:

A) Glasgow Coma Scale

Champion HR, Sacco WJ, Carnazzo AJ et al.:

CritCare Med 9(9): 672-676 (1981)

B) Revised Trauma Score, 1993

from Resources for the Optimal Care of the Injured Patient

American College of Surgeons

55 East Erie St.

Chicago, Illinois 60611-2797

C) Abbreviated Injury Score, 1990

American Association for the Advancement

of Automotive Medicine

Des Plaines, Illinois 60008

D) Injury Severity Score

Baker SP, O'Neil B, Hadon W et al.:

Journal of Trauma 14: 187-196 (1974)

E) International Classification of Diseases,

9th Revision, Clinical Modification (ICD-9-CM)

Alphabetic Index to External Causes of Injury (E-Codes),

Second Printing (1980)

World Health Organization, Geneva, Switzerland and

National Center for Health Statistics

Published by Edwards Brothers, Inc. Ann Arbor, Michigan

F) Resources for Optimal Care of the Injured Patient (1993)

American College of Surgeons

55 East Erie St.

Chicago, Illinois 60611-2797

G) Pediatric Advanced Life Support (1995)

American Heart Association National Center

7272 Greenville Center

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Dallas, Texas 75231

2) Federal government publications:

- A) Federal Specifications for Ambulance, KKK-A-1822D (November, 1994), United States General Services Administration, Specifications Section
- B) United States Department of Transportation, Emergency Medical Technician - Basic: National Standard Curriculum (1994), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
- C) United States Department of Transportation, Emergency Medical Technician - Intermediate: National Standard Curriculum (1985), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
- D) United States Department of Transportation, Emergency Medical Technician - Paramedic: National Standard Curriculum (1985), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (See Sections 515.215(a), 515.500(c) and (e); 515.510(a) and (d); 515.530(c); 515.532(b); 515.810(b) and (c); and 515.850(a) and (b).)
- E) United States Department of Transportation, First Responder: National Standard Curriculum (1995), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
- F) United States Department of Transportation, EMS Instructor Training Program: National Standard Curriculum (1995), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
- G) United States Department of Transportation, Emergency Medical Dispatcher: National Standard Curriculum (1995), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
- 3) Federal regulations:
- A) 47 CFR 90 (October 1, 1994) - Private Land Mobile Radio Services
- B) Air Taxi Operations and Commercial Operators (14 CFR 135.1990), Subparts A, Sections 135.1 through 135.43; B, Sections 135.61 through 135.125; C, Sections 135.141 through 135.185; D, Sections 135.201 through 135.229; E, Sections 135.241 through 135.247; F, Section 135.261; J, Sections 135.411 through 135.443)
- C) 42 CFR 2A (October 1, 1995) - Confidentiality of Alcohol and Drug Abuse Patient Records
- b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the

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regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

c) The following statutes and State regulations are referenced in this

Part:

- 1) Federal statutes:
- A) U.S. Code 42, the Public Health and Welfare, 42 U.S.C. 300 I-1(a) (1991)
- B) Federal Aviation Act of 1958, Sections 307 and 308 (P.L. 85-726, 72 U.S.C. 731)
- 2) State of Illinois statutes:
- A) Hospital Emergency Services Act [210 ILCS 80]
- B) Hospital Licensing Act [210 ILCS 85]
- C) Medical Practice Act of 1987 [225 ILCS 60]
- D) The Illinois Nursing Act of 1987 [225 ILCS 65]
- E) Code of Civil Procedure [735 ILCS 5]
- F) Emergency Telephone System Act [50 ILCS 750]
- G) Boat Registration and Safety Act [625 ILCS 45]
- H) Open Meetings Act [5 ILCS 120]
- I) Illinois Administrative Procedure Act [5 ILCS 100]
- J) Head and Spinal Cord Injury Act [410 ILCS 515]
- K) Freedom of Information Act [5 ILCS 140]
- L) State Records Act [5 ILCS 160]
- M) Coal Mine Medical Emergencies Act [410 ILCS 15]
- 3) State of Illinois regulations:
- A) Rules of Practice and Procedure in Administrative Hearings [77 Ill. Adm. Code 100]
- B) Hospital Licensing Requirements [77 Ill. Adm. Code 250]
- C) Aviation Safety [92 Ill. Adm. Code 14.790, 14.792, 14.795]

(Source: Added at 21 Ill. Reg. 5170=, effective APR 1, 1997.)

Section 515.150 Waiver Provisions

- a) The Department may grant a waiver to any provision of the Act or this Part for a specified period of time determined appropriate by the Department. The Department may grant a waiver when it can be demonstrated that there will be no reduction in standards of medical care as determined by the EMS Medical Director or the Department. (Section 3.185 of the Act)
- b) Any entity may apply in writing to the Department for a waiver to specific requirements or standards for which it considers compliance to be a hardship. (Section 3.185 of the Act) The application shall contain the following information:
- 1) The applicant's name, address, and license number (if applicable);
- 2) The Section of the Act or this Part for which the waiver is being sought;

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- 3) An explanation of why the applicant considers compliance with the Section to be a hardship, including a description of how the applicant has attempted to comply with the Section;
- 4) The period of time for which the waiver is being sought;
- 5) An explanation of how the waiver will not reduce the quality of medical care established by the Act and this Part; and
- 6) If the applicant is a System Participant, the applicant's EMS Medical Director shall state in writing whether he/she recommends or opposes the application for waiver, the reason for such recommendation or opposition, and how the waiver will or will not reduce the quality of medical care established by the Act and this Part. The applicant shall submit the EMSMD's statements along with the application for waiver. If the EMSMD does not provide written statements within 30 days of the applicant's request, the application may be submitted to the Department and the EMSMD will be determined to be in support of the waiver.
- c) An EMS Medical Director may apply to the Department for a waiver on behalf of a System Participant by submitting an application that contains all of the information required by subsection (b) of this Section, along with a statement signed by the System Participant requesting or authorizing the EMSMD to make such application. The Department shall grant the requested waiver if it finds the following:
- 1) The waiver will not reduce the quality of medical care established by the Act and this Part;
 - 2) Full compliance with the regulation at issue is or would be a hardship on the applicant;
 - 3) For an EMT seeking a waiver to extend a relicensure date in order to complete relicensure requirements:
 - A) The EMT has previously received no more than one extension since his or her last relicensure; and
 - B) The EMT has not established a pattern of seeking extensions (e.g., waivers sought based on the same type of hardship in two or more previous license periods);
 - 4) For an applicant other than an EMT:
 - A) The applicant has previously received no more than one waiver of the same regulation during the current license or designation year;
 - B) The applicant has not established a pattern of seeking waivers of the same regulation during previous license or designation years; and
 - C) The Department finds that the hardship preventing compliance with the particular regulation is not of an ongoing nature;
 - 5) For a hospital requesting a waiver to participate in a System other than that in which the hospital is geographically located:
 - A) Documentation that transfer patterns support the request; and
 - B) Historic patterns of patient referrals support the request.

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- e) When granting a waiver, the Department shall specify the regulation or portion thereof that is being waived, any alternate requirement that the waiver applicant shall meet, and any procedures or timetable that the waiver applicant shall follow to achieve compliance with the waived regulation.
- f) The Department shall determine the length of any waiver that it grants, based on the nature and extent of the hardship and the medical needs of the community or areas in which the waiver applicant functions.
- g) The Department shall grant a waiver of Section 515.830(a)(1) of this Part for a vehicle that changes ownership after April 1, 1997, if the vehicle meets the requirements of the U.S. General Services Administration's "Specifications for Ambulance" (KKK-A-1822C).

(Source: Added at 21 Ill. Reg. 5170-3, effective APR 15 1997)

Section 515.160 Violations, Hearings and Fines

- a) Except for emergency suspension orders, or actions initiated pursuant to Section 3.90(b)(10) of the Act, prior to initiating an action for suspension, revocations, denial, nonrenewal, or imposition of a fine, the Department shall:
- 1) Issue a Notice of Violation which specifies the Department's allegations of noncompliance and requests a plan of correction to be submitted within 10 days after receipt of the Notice of Violation;
 - 2) Review and approve or reject the plan of correction. If the Department rejects the plan of correction, it shall send notice of the rejection and the reason for the rejection. The party shall have 10 days after receipt of the notice of rejection in which to submit a modified plan;
 - 3) Impose a plan of correction if a modified plan is not submitted in a timely manner or if the modified plan is rejected by the Department;
 - 4) Issue a Notice of Intent to fine, suspend, revoke, nonrenew or deny if the party has failed to comply with the imposed plan of correction, and provide the party with an opportunity to request an administrative hearing. The Notice of Intent shall be effected by certified mail or by personal service, shall set forth the particular reasons for the proposed action, and shall provide the party with 15 days in which to request a hearing. (Section 3.130 of the Act)
 - b) Administrative hearings shall be conducted by the Director or his/her designee. On the basis of any such hearing, or upon default of the Respondent, the Director shall issue a Final Order specifying his findings, conclusions and decision. A copy of the Final Order shall be sent to the Respondent by certified mail or served personally upon

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- c) the Respondent. (Section 3.135 of the Act)
The procedure governing hearings authorized by the Act shall be in accordance with the Department's rules governing administrative hearings [77 Ill. Adm. Code 100]. (Section 3.135 of the Act)
- d) The Department shall have the authority to impose fines on any licensed vehicle service provider, designated trauma center, resource hospital, associate hospital or participating hospital. (Section 3.140(a) of the Act)
- e) In determining the amount of a fine, the Director shall consider the following factors:
- 1) The severity of the actual or potential harm to an individual.
 - 2) The numbers and types of protocols, standards, rules or Sections of the Act that were violated in the course of creating the condition or occurrence at issue.
 - 3) The reasonable diligence exercised by the facility, pre-hospital care provider or System participant to avoid the violation(s) or to reduce the potential harm to individuals.
 - 4) Efforts by the facility, pre-hospital care provider or System participant to correct the violation(s).
 - 5) Any previous violation(s) of a like or similar nature by the facility, pre-hospital care provider or System participant.
 - 6) Any financial benefit to the facility, pre-hospital care provider or System participant of continuing the violation(s).
- f) A fine not exceeding \$10,000 shall be issued for a violation which created a condition or occurrence presenting a substantial probability that death or serious harm to an individual will or did result therefrom. (Section 3.140(b)(1) of the Act)
- g) A fine not exceeding \$5,000 shall be issued for a violation which creates or created a condition or occurrence which threatens the health, safety or welfare of an individual. (Section 3.140(b)(2) of the Act)
- h) A Notice of Intent to Impose Fine may be issued in conjunction with or in lieu of a Notice of Intent to Suspend, Revoke, Nonrenew or Deny, and shall (Section 3.140(c) of the Act) include:
- 1) A description of the violation(s) for which the fine is being imposed.
 - 2) A citation to the Sections of the Act, rules, protocols or standards alleged to have been violated.
 - 3) The amount of the fine.
 - 4) The opportunity to request an administrative hearing prior to imposition of the fine, provided such request for a hearing is made within 15 days after receipt of the notice.

(Source: Added at 21 Ill. Reg. effective
APR 15 1997 **5170**)

Section 515.170 Employer Responsibility

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- a) No employer shall employ or permit any employee to perform any services for which a license, certificate or other authorization is required by the Act or this Part unless and until the person so employed possesses all licenses, certificates or authorizations that are so required. (Section 3.160(a) of the Act) The employer shall examine a valid, original license for compliance with this subsection (a).
- b) Any person or entity that employs or supervises a person's activities as a First Responder or Emergency Medical Dispatcher shall cooperate with the Department's efforts to monitor and enforce compliance by those individuals with the requirements of the Act or this Part. (Section 3.160(b) of the Act)

(Source: Added at 21 Ill. Reg. effective
APR 15 1997 **5170**)

SUBPART B: EMS REGIONS

Section 515.210 EMS Regional Plan Development

- a) Within six months after designation of an EMS Region, an EMS Region plan addressing at least the information prescribed in Section 515.220 of this Part shall be submitted to the Department for approval. The plan shall be developed by the Region's EMS Medical Directors Committee with advice from the Regional EMS Advisory Committee; portions of the plan concerning trauma shall be developed jointly with the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, with advice from the Regional Trauma Advisory Committee, if such Advisory Committee has been established in the Region. (Section 3.25(a) of the Act)
- b) A Region's Trauma Center Medical Directors may choose to participate in the development of the EMS Region Plan through membership on the Regional EMS Advisory Committee, rather than through a separate Trauma Center Medical Directors Committee. If that option is selected, the Region's Trauma Center Medical Director shall also determine whether a separate Regional Trauma Advisory Committee is necessary for the Region. (Section 3.25(b) of the Act)
- c) In the event of disputes over content of the Plan between the Region's EMS Medical Directors Committee and the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, the Director of the Illinois Department of Public Health shall intervene through a review in accordance with Section 515.230 of this Part. (Section 3.25(c) of the Act)
- d) Every 2 years, the members of the Region's EMS Medical Directors Committee shall rotate serving as Committee Chair, and select the Associate Hospital, Participating Hospital and vehicle service providers which shall send representatives to the Advisory Committee, and the EMTs/Pre-Hospital RN and nurse who shall serve on the Advisory

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Committee. (Section 3.25(d) of the Act) Each System in the Region must have at least one representative on the Committee.

- e) Every 2 years, the members of the Trauma Center Medical Directors Committee shall rotate serving as Committee Chair, and select the vehicle service providers, EMT, emergency physician, EMS System Coordinator and TNS who shall serve on the Advisory Committee. (Section 3.25(e) of the Act) It is recommended that the committee chair be held by Trauma Center Medical Directors of the Level I Trauma Centers in the Region.

(Source: Added at 21 Ill. Reg. 5170-2, effective
APR 16 1997)

Section 515.220 EMS Regional Plan Content

- a) The EMS Medical Directors Committee portion of the Regional Plan shall address at least the following:

- 1) Protocols for inter-System/inter-Region patient transports, including protocols for pediatric patients and pediatric patients with special health care needs, identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their Department classifications and relevant Regional considerations (e.g., transport times and distances);
 - 2) Regional standing medical orders;
 - 3) Patient transfer patterns, including criteria for determining whether a patient needs the specialized service of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or Regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal;
 - 4) Protocols for resolving Regional or inter-System conflict;
 - 5) An EMS disaster preparedness plan which includes the actions and responsibilities of all EMS participants with the Region for care and transport of both the adult and pediatric population;
 - 6) Regional standardization of continuing education requirements;
 - 7) Regional standardization of Do Not Resuscitate (DNR) policies, and protocols for power of attorney for health care;
 - 8) Protocols for disbursement of Department grants (Section 3.30(a)(1-8) of the Act); and
 - 9) Development of protocols to improve and integrate EMS for children (or EMSC) into the current delivery of emergency services within the Region.
- b) The Trauma Center Medical Directors or Trauma Center Medical Directors Committee portion of the Regional Plan shall address at least the following:
- 1) The identification of Regional Trauma Centers and identification of trauma centers that specialize in pediatrics;

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- 2) Protocols for inter-System and inter-Region trauma patient transports, including identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their Department classifications and relevant Regional considerations (e.g., transport times and distances);
- 3) Regional trauma standing medical orders;
- 4) Trauma patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or Regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal (these policies must include the criteria of Section 515.220 Appendix C.1);
- 5) The identification of which types of patients can be cared for by Level I and Level II Trauma Centers;
- 6) Criteria for inter-hospital transfer of trauma patients, including the transfer of pediatric patients;
- 7) The treatment of trauma patients in each trauma center within the Region;
- 8) The establishment of a Regional trauma quality assurance and improvement subcommittee, consisting of trauma surgeons, which shall perform periodic medical audits of each trauma center's trauma services, and forward tabulated data from such reviews to the Department; and
- 9) A program for conducting a quarterly conference which shall include at a minimum a discussion of morbidity and mortality between all professional staff involved in the care of trauma patients. (Section 3.30(b)(1-9) of the Act)
 - A) This shall include but not be limited to all cases that have been deemed potentially preventable or preventable in the trauma center review using the American College of Surgeons "Guidelines for Judgement Regarding Mortality and Contributing Factors and Guidelines Related to Morbidity and Mortality" (from "Resources for Optimal Care of the Injured Patient"). This review should exclude trauma patients who were dead on arrival.
 - B) In addition, the review must include all patients who were transferred more than two hours from time of arrival at the initial institution and who meet one or more of the following criteria at the receiving trauma center:
 - i) Admitted to an intensive care unit;
 - ii) Admitted to a bed with telemetry monitoring;
 - iii) Went directly to the operating room;
 - iv) Went to the operating room from the emergency department;
 - v) Discharged to a rehabilitation or skilled care

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- vi) Died following arrival.
- c) The Region must include a review of morbidity/audit filters that have been determined by the Region.
- d) Cumulative Regional reports will be made available upon request from the Department.
- c) *The Region's EMS Medical Directors and Trauma Center Medical Directors shall appoint any subcommittees which they deem necessary to address specific issues concerning Region activities.* (Section 3.30(c) of the Act)

(Source: Added at 21 Ill. Reg. 5170-3, effective APR 15 1997)

Section 515.230 Resolution of Disputes Concerning the EMS Regional Plan

- a) If the EMS Medical Director's Committee and the Region's Trauma Center Medical Directors or Trauma Center Medical Director's Committee, whichever is applicable, have an unresolved dispute over the content of the Regional Plan, the following shall be sent to the Director:
- 1) All relevant information surrounding the issue being disputed.
- 2) A statement from the EMS Medical Director's Committee supporting their position; and the name, phone number and address of one person who should be contacted if further information is needed.
- 3) A statement from the Region's Trauma Center Medical Director or Trauma Center Medical Director's Committee, whichever is applicable, supporting their position; and the name, phone number and address of one person who should be contacted if further information is needed.
- b) The Director will make a determination within 10 working days after receipt of the above information. The determination may be one or the other position or may be another option developed by the Director.

(Source: Added at 21 Ill. Reg. 5170-3, effective APR 15 1997)

SUBPART C: EMS SYSTEMS

Section 515.300 Approval of New EMS Systems

Beginning September 1, 1997, the Department shall approve the development of a new EMS System only when a local or Regional need for establishing such System has been identified (Section 3.20(c)(1) of the Act). The applicant shall submit documentation addressing the following:

- a) A clear description of its current role and status within the existing System;
- b) Its rationale for separating from the existing System and developing its own program;

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- c) A description of the methods to be used for ensuring the coordination of emergency services with adjacent Systems, including the System that it proposes to leave;
- d) A statement detailing the effect that the proposed change will have on the area's pre-hospital services and patient referral patterns;
- e) A statement summarizing the steps to be taken to ensure that the necessary quality and level of care will be maintained during the implementation phase of the proposed System; and
- f) A letter of support or denial from the Regional Advisory Committee.

(Source: Added at 21 Ill. Reg. 5170-3, effective APR 15 1997)

Section 515.310 Approval and Renewal of EMS Systems

- a) All applicants for EMS System approval shall submit to the Department three copies of a written EMS System Program Plan that complies with Section 515.330 of this Part and is signed by the EMS Medical Director.
- 1) The Plan shall clearly identify any portion or item that is not expected to be fully operational by the date of Department approval, and shall specify the expected date for full operation of such portion or item, which shall not exceed one year after Department approval has been issued.
- 2) The Department shall expect all portions of the proposed Plan to be fully operational upon Department approval unless otherwise identified pursuant to this Section.
- b) The Department shall review a submitted Program Plan and notify the applicant of any corrections that must be submitted in order to complete the Plan. The Department shall also require the applicant to submit a formal waiver request for any item or portion identified as having a delayed operational date, if the Department finds that:
- 1) The item or length of operational delay has not previously been authorized by the Department for other EMS Systems, or
- 2) The delay would appear to prevent the System from operating in substantial compliance with the Act or this Part upon approval, or
- 3) The delay would appear potentially to reduce the quality of medical/EMS care established by the Act and this Part.
- c) The Department shall conduct an on-site inspection of the applicant Resource Hospital within ninety days after a Program Plan has been accepted as complete.
- d) The Department shall issue a letter of approval to the applicant EMS System if the inspection indicates compliance with the approved Program Plan, the Act and this Part. The letter shall indicate the level(s) of service that the System is authorized to provide (ALS, ILS, BLS).
- e) A System approval shall be valid for a period of four years except as

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allowed in subsection (1) of this Section.

- f) A System seeking renewal of approval shall submit a written request to the Department at least ninety days prior to its renewal date. The request shall include any proposed revisions to the Program Plan and updates of all letters of commitment required by Section 515.330.
- g) The Department shall review the request for renewal and notify the System of any corrections that must be submitted to complete the update of the Program Plan.
- h) The Department shall conduct an on-site renewal inspection of the Resource Hospital during each four-year approval period, and shall conduct additional inspections of any System hospital or vehicle provider as necessary to ensure compliance with the Program Plan, the Act and this Part.
- i) The Department shall issue a letter of renewal approval to the EMS System if the Program Plan is complete, the inspection indicated substantial compliance with the approved Program Plan, the Act and this Part, and there is no Department legal action pending against the System. The letter shall indicate the level(s) of service that the System is authorized to provide (ALS, ILS, BLS).
- j) An approved EMS System shall amend its Program Plan by submitting to the Department three copies of the entire portion or Section in which the change is proposed, along with a letter signed by the EMS Medical Director that describes the reason(s) for the change. The amendment shall not be implemented until approval has been granted by the Department.
- k) Changes in any of the following shall be considered modifications of a System Program Plan requiring submission of a proposed amendment:
 - 1) EMS Medical Director;
 - 2) Resource, Associate or Participating Hospital, or their specific roles;
 - 3) System service area;
 - 4) Written standing orders and policies;
 - 5) Method(s) of providing EMS services;
 - 6) Additional vehicle service providers, or changes in their levels of service, specific roles or response areas;
 - 7) Access and dispatch procedures and mechanisms;
 - 8) Communications plan;
 - 9) Equipment and drug requirements;
 - 10) Training, continuing education and/or examination requirements;
 - 11) Quality assurance policies;
 - 12) Data collection and evaluation policies;
 - 13) Override or bypass/diversion policies;
 - 14) Disciplinary or suspension policies or procedures.
- l) All EMS Systems in existence upon the adoption of this Section shall submit to the Department a revised Program Plan that conforms to the requirements of this Part. The Department will approve Program Plans that meet the requirements of this Part and will establish renewal dates for EMS System approval.

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(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

Section 515.320 Scope of EMS Service

- a) All Basic Life Support (BLS), Intermediate Life Support (ILS), and Advanced Life Support (ALS) services, as defined in the Act, shall be provided through EMS Systems. An individual System shall operate at one or more of those levels of service, as specified in its Program Plan and the Department's letter of approval, using vehicles licensed by the Department pursuant to the Act and this Part.
- b) All pre-hospital, inter-hospital and non-emergency medical care, as defined in the Act, shall be provided through EMS Systems, using the levels of Department licensed or approved personnel required by the Act and this Part.
- c) An EMS System shall designate a Resource Hospital, which shall have the authority and responsibility for the System, through the EMS Medical Director, as described in the Act, this Part and the System Program Plan.
- d) All other hospitals which are located within the geographic boundaries of a System and which have standby, basic or comprehensive level emergency departments must function in that System as either an Associate Hospital or Participating Hospital and follow all System policies specified in the System Program Plan (Section 3.20(b) of the Act).
 - 1) All hospitals that are not already formally affiliated with a System shall do so within sixty days after April 15, 1997. A hospital may have a secondary affiliation with another system or may request a waiver to participate in a system other than that in which the hospital is geographically located. (See Section 515.150(d)(5).)
 - 2) Every System hospital shall identify the level of its emergency department services in its letter of commitment, which is part of the EMS System Program Plan to be submitted to the Department.
 - 3) An "Associate Hospital" shall provide the same clinical and communications services as the Resource Hospital, but shall not have the primary responsibility for personnel training and System operations. It shall have a basic or comprehensive emergency department with 24-hour physician coverage and a functioning intensive care and/or cardiac care unit.
 - 4) A "Participating Hospital" may or may not have communications/monitoring capabilities.
 - 5) All System hospitals shall agree to replace medical supplies and provide for equipment exchange for System vehicles.
 - 6) All System hospitals monitoring telecommunications from EMS field personnel shall provide voice orders either by the EMS Medical Director, a physician appointed by the EMS Medical Director, or an Emergency Communications Registered Nurse (ECRN).

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7) All System hospitals shall allow the Department, the EMS Medical Director and EMS System Coordinator access to all records, equipment, vehicles and personnel during their activities evaluating the Act and this Part.

e) The Resource Hospital shall appoint an EMS Medical Director (EMSMD). For an ILS or ALS level EMS system the EMSMD shall be a physician licensed to practice medicine in all of its branches in Illinois, and certified by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine, and for a BLS level EMS System the EMSMD shall be a physician licensed to practice medicine in all of its branches in Illinois, with regular and frequent involvement in pre-hospital emergency medical services. In addition, all EMSMDs shall:

1) Have experience on an EMS vehicle at the highest level available within the System, or make provision to gain such experience within 12 months prior to the date responsibility for the System is assumed or within 90 days after assuming the position; and

2) Be thoroughly knowledgeable of all skills included in the scope of practices of all levels of EMS personnel within the System; and

3) Have or make provision to gain experience instructing students at a level similar to that of the levels of EMS personnel within the System; and

4) For ILS and ALS EMS Medical Directors, successfully complete a Department-approved EMS Medical Director's Course. (Section 3.20(c)(6) of the Act)

f) The EMS Medical Director shall appoint an alternate EMS Medical Director and establish a written protocol addressing the functions to be carried out in his or her absence (Section 3.35(b) of the Act).

g) An EMS System utilizing Specialized Emergency Medical Service Vehicles (SEMSVs) shall appoint and/or approve the SEMSV Medical Director(s) to manage and direct the use of SEMSVs and their personnel within the System. He or she shall be a physician who has met at least the following qualifications:

1) One or more of the following:

A) Certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) through the American Osteopathic Association (AOA); or

B) Completion of a residency in emergency or osteopathic emergency medicine as prescribed by one of the above Boards; or

C) Completion of a 12-month internship followed by 60 months plus 7,000 hours of hospital based emergency or osteopathic emergency medicine (2,800 of the 7,000 hours must be completed within one 24-month period), and documentation of 50 hours of related continuing education for each complete year of practice; and

2) Completion of advanced cardiac life support and advanced trauma

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life support courses; and

3) For aircraft programs, completion of training covering inflight treatment modalities, altitude physiology, and infection; and

4) For watercraft programs, completion of training covering diving accident physiology and treatment, and drowning in cold, warm, fresh and salt water.

h) The Resource Hospital shall appoint a full-time EMS System Coordinator, who shall be responsible for coordinating the educational and functional aspects of the System, as described in the Program Plan. He or she shall be a registered professional nurse or EMT-P licensed in the State of Illinois, and meet at least the following qualifications:

1) Be trained and knowledgeable in dysrhythmia identification and treatment;

2) Have a diverse background in critical care, and

3) Within one year after being appointed, complete in-field observation and/or participation on at least 10 ambulance runs at the highest level of service provided by the System.

i) The Resource Hospital shall appoint an EMS Administrative Director, who shall be responsible for administrative operations of the System as described in the Program Plan.

(Source: Added to 1997 21 Ill. Reg. _____, effective 5170 _____)

Section 515.330 EMS System Program Plan

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

a) The name, address and fax number of the Resource Hospital;

b) The names and resumes of the following persons:

1) The EMS Medical Director;

2) The Alternate EMS Medical Director;

3) The EMS Administrative Director;

4) The EMS System Coordinator;

c) The name, address and fax number of each Associate or Participating Hospital (see subsection (i) of this Section);

d) The name and address of each ambulance provider participating within the EMS System;

e) A map of the EMS System's service area indicating the location of all hospitals and ambulance providers participating in the System;

f) Current letter(s) of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the writer's understanding of and commitment to any necessary changes such as emergency department staffing and educational requirements;

1) The Chief Executive Officer of the hospital;

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- 2) The Chief of the Medical Staff, and
- 3) The Director of the Nursing Services;
- g) A letter of commitment from the EMS Medical Director that describes the EMSMD's agreement to:
 - 1) Be responsible for the ongoing education of all System personnel, including coordinating didactic and clinical experience;
 - 2) Develop written standing orders (treatment protocols, standard operating procedures) to be used in the EMSMD's absence and certify that all involved personnel will be knowledgeable in emergency care and capable of providing treatment and using communications equipment once the program is operational;
 - 3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
 - 4) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
 - 5) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMSMD during any Department inspection, investigation or site survey;
 - 6) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
 - 7) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;
 - 8) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every EMT-B, EMT-I or EMT-P within the System who has not been recommended for relicensure by the EMS Medical Director; and
 - 9) Be responsible for compliance with the provisions of Sections 515.400 and 515.410 of this Part;
- h) A description of the method(s) of providing EMS services, which includes:
 - 1) single vehicle response and transport;
 - 2) dual vehicle response;
 - 3) level of first response vehicle;
 - 4) level of transport vehicle;
 - 5) use of mutual aid agreements; and
 - 6) informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;
- i) A letter of commitment from each Associate or Participating Hospital within the System that includes the following:
 - 1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;
 - 2) A description of how the hospital will relate to the EMS System

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- Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;
- 3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;
 - 4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System or other EMS system whose ambulances transport to them;
 - 5) An agreement to use the standard treatment orders as established by the Resource Hospital;
 - 6) An agreement to follow the operational policies and protocols of the System;
 - 7) A description of the level of participation in the training and continuing education of pre-hospital personnel;
 - 8) An agreement to collect and provide relevant data as determined by the Resource Hospital;
 - 9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;
 - 10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;
 - 11) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will ensure that communications interference as a result of this dual participation will be minimized; and
 - 12) The names and resumes of the Associate Hospital EMS Medical Director and Associate Hospital EMS Coordinator;
- j) A letter of commitment from each ambulance provider participating within the System, which indicates compliance with Section 515.810 of this Part;
 - k) Descriptions and documentation of each communications requirement provided in Section 515.400 of this Part;
 - l) The Program Plan shall consist of the EMS System Manual, which shall be provided to all System participants and shall include the following Sections:
 - 1) Education and Training
 - A) Content and curricula of training programs for EMT, Emergency Medical Dispatcher, First Responder, Pre-Hospital RN, ECRN and Lead Instructor candidates, including:
 - i) Entrance and completion requirements;
 - ii) program schedules;
 - iii) Goals and objectives;
 - iv) Subject areas;
 - v) Didactic requirements, including skills laboratories;
 - vi) Clinical requirements;
 - vii) Testing formats;
 - B) Training program for Prearrival Medical Instructions, if applicable, including:

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- i) Entrance and completion requirements;
ii) Description of course materials;
iii) Testing formats;
C) Continuing education for EMTs, Pre-Hospital RNs, ECRNs, including:
i) System requirements (hours, types of programs, etc.);
ii) System program for System participants: types of activities covered (e.g., telemetry review, and morbidity and mortality conferences) and protocols for enrollment and completion;
iii) Requirements for approval of academic course work;
iv) Didactic programs offered by the System;
v) Clinical opportunities available within the System;
vi) Record-keeping requirements for participants, which must be maintained at the Resource Hospital;
- D) Renewal Protocols
i) System examination requirements for EMTs, Pre-Hospital RNs, ECRNs;
ii) Procedures for renewal of Pre-Hospital RN and ECRN approvals;
iii) Submission of transaction cards for EMTs meeting renewal requirements;
iv) Providing Department renewal application forms to EMTs who have not met renewal requirements according to System records;
- E) System participant education and information, including:
i) Distribution of System Manual amendments;
ii) In-services for policy and protocol changes;
iii) Methods for communicating updates on System and Regional activities, and other matters of medical, legal and/or professional interest;
iv) Locations of library/resource materials, forms, schedules, etc.;
- F) A plan for phasing in Emergency Medical Dispatcher and First Responder registration requirements over a five-year period for Emergency Medical Dispatchers and First Responders who choose to be included in the Program Plan (see Sections 515.710 and 515.720 of this Part):
G) A System may require that up to one-half of the continuing education hours that are required toward relicensure, as determined by the Department, be earned through attendance at system-taught courses;
H) A didactic continuing education course that has received a State site code shall be accepted by the System, subject only to the requirements of subsection (1)(1)(C) of this Section;
- 2) Drugs and Equipment
A) A list of all drugs and equipment required for each type of

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- System vehicle:
B) Procedures for obtaining replacements at System hospitals;
3) Personnel Requirements for EMTs
A) Minimum staffing for each type and level of vehicle;
B) Guidelines for EMT patient interaction;
4) In-Field Protocols, including medical-legal policies but not limited to:
A) The Regional Standing Medical Orders;
B) System Standing Medical Orders as listed in Section 515.Appendix D;
C) Appropriate interaction with law enforcement on the scene;
D) When and how to notify a coroner or medical examiner;
E) Appropriate interaction with an independent physician/nurse on the scene;
F) The use of restraints;
G) Consent for treatment of minors;
H) Patient choice and refusal regarding treatment, transport, and/or destination;
I) The duty to perform all services without unlawful discrimination;
J) Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse;
K) Patient abandonment;
L) Emotionally disturbed patients;
M) Patient confidentiality and release of information;
N) Durable power of attorney for health care; and
O) Do Not Resuscitate (DNR) orders (see Section 515.380 of this Part);
- 5) Communications standards and protocols including:
A) The information contained in the System Program Plan relating to the requirements of Sections 515.410(a)(1), (2), (3) and (4) and 515.390(b) and (g) of this Part;
B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;
C) Protocols ensuring the voice orders via radio and using telemetry shall be given by or under the direction of the EMS Medical Director or the EMSMD's designee, who shall be either an ECRN, or physician; and
D) Protocols defining when an ECRN should contact a physician;
6) Quality improvement measures for both adult and pediatric patient care should be performed on a quarterly basis and be available upon Department request; ambulance operation and System training activities, including but not limited to monitoring training activities to ensure that the instructions and materials are consistent with United States Department of Transportation

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training standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review;

7) Data collection and evaluation methods that include:
A) The process that will facilitate problem identification, evaluation and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;

B) A copy of the pre-hospital reporting form;

C) A sample of the information and data to be reported to the Department summarizing System activity (see Section 515.350 of this Part);

8) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including:

A) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);

B) Infectious disease and disinfection procedures, including the policy on significant exposure;

C) Reporting and documentation of problems; and

D) Protocols for ILS/ALS System personnel to assess the condition of a patient being initially treated in the field by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the ILS or ALS personnel is therefore appropriate. Such protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition, and shall require that such activities of the System personnel be done under the immediate direction of the EMS Medical Director or designee;

9) Any procedures regarding disciplinary and/or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act;

10) Any System policies regarding abuse of controlled substances or conviction of a felony crime by System personnel whether on or off duty;

11) The responsibilities of the EMS Coordinator(s), as designated by the EMS Medical Director, including data evaluation, supervision of clinical, didactic and field experience training, and physician and nurse education as required; and

12) The responsibilities of the EMS Medical Director;

m) A written protocol for the bypassing of or diversion to a hospital, trauma center or Regional trauma center other than the nearest hospital, Regional trauma center or trauma center unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant

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facility, or the transport is in accordance with the System's protocols for patient choice or refusal. (Section 3.20(c)(5) of the Act) The bypass status policy should include a statement that for any life-threatening condition a patient may be transported to the closest facility, whether or not that facility is on bypass status. In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:

1) There are no critical or monitored beds available in the hospital; or

2) An internal disaster occurs in the hospital;

n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.340 EMS Medical Director's Course

a) An EMS Medical Director for an ILS or ALS level System who is appointed after the adoption of this Section shall submit to the Department proof of completion of a Department-approved EMS Medical Director's Course within six months after his or her date of appointment.

b) The following courses are approved by the Department:

1) American College of Emergency Physicians (ACEP) Principles of EMS Systems - A Course for Medical Directors.

2) Base Station Course, National Association of Emergency Medical Services Physicians (NAEMSP).

c) The Department shall review requests for approval of other courses upon submission of the curriculum, along with the name, address and telephone number of the person or entity conducting the course. The Department shall approve the course if it meets the following criteria:

1) The course objectives are the same as the courses recommended in subsection (b) above; and

2) The course is taught by Board Certified emergency department physicians.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.350 Data Collection and Submission

a) A run report shall be completed by each vehicle service provider for every emergency pre-hospital or inter-hospital transport.

1) One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving

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this facility.

- 2) Each Resource Hospital shall designate or approve a single form to be used by all of its vehicle providers. It shall be either the Department-issued scannable form, or a form that contains the minimum prescribed data elements listed in Section 515.360 Appendix E of this Part.

- b) Each Resource Hospital shall submit a data report to the Department on March 1, June 1, September 1, and December 1 of each year, covering run report data from the preceding quarter. The report shall be in one of the following formats:

- 1) Copies of the Department-issued scannable run report form, or
2) A data diskette containing the prescribed data elements.

- A) The data elements shall be in a format compatible with the Department's data base input specifications, and
B) Department review and approval of data format compatibility is required prior to submission.

- c) When computer technology is available, each Resource Hospital shall develop and implement a mechanism for linking pre-hospital and inter-hospital run reports with emergency department, trauma center and admission records from the hospitals that receive emergency patients within the System. This mechanism shall facilitate tracking of case outcomes for purposes of internal quality control, medical study and improvement of both adult and pediatric patients.

(Source: Added at 21 Ill. Reg. 5170-3, effective APR 15 1997)

Section 515.360 Approval of Additional Drugs and Equipment

- a) All drugs and equipment, other than those covered by the United States Department of Transportation National Standard Curriculum for each EMT level of licensure, must be approved by the Department in accordance with subsections (b), (c) and (d) of this Section before being used in a System.

- b) To apply for approval to add drugs and/or equipment, the EMSMD shall submit to the Department documentation covering the following:

- 1) Training program including a description of practical training for equipment and the number of contact hours;
2) A curriculum for each new drug or equipment, which includes at least the following (as applicable):

- A) Usage;
B) Complications;
C) Adverse reactions;
D) Equipment maintenance and use;

3) New written standing orders.

- c) Upon receipt of the application from the System, the Director or his/her designee shall either approve the drug and/or equipment, approve the drug and/or equipment on a conditional basis, or

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disapprove the drug and/or equipment. The Director's/designee's decision shall be based on a review and evaluation of the documentation submitted under subsection (b) of this Section; the application of technical and medical knowledge and expertise; consideration of relevant literature and published studies on the subject; and whether the drug and/or equipment has been reviewed or tested in the field. The Director may seek the recommendations of medical specialists and/or other professional consultants to determine whether to approve or disapprove the specific drug(s) and/or equipment.

- d) The Director or designee shall consider whether the drugs and equipment may be used safely and with proper training by the pre-hospital care provider and shall disapprove any drugs and/or equipment that he/she finds are generally unsafe or dangerous in the pre-hospital care setting.

- e) When a drug and/or equipment is approved on a conditional basis, the System shall submit to the Department, on a quarterly basis (January 1, April 1, July 1 and October 1) the following information:

- 1) Indications for use;
2) Number of times used;
3) Number and types of complications that occurred;
4) Outcome of patient after use of drug and/or equipment; and
5) Description of follow-up actions taken by the System on each case in which complications occurred.

- f) When a death or complication that results in a deterioration of a patient's condition occurs, involving a drug and/or equipment approved on a conditional basis, the System shall notify the Department within three business days, followed by a written report of the situation submitted to the Department within 10 business days.

- g) Failure of the System to submit the information required under subsection (e) of this Section shall be considered as a basis for withdrawal of approval of the drug or equipment on a conditional basis. Failure of the System to notify the Department as required under subsection (f) of this Section shall be considered as a basis for withdrawal of approval of the drug or equipment on a conditional basis.

- h) The Director or designee shall evaluate the information submitted under subsection (e) of this Section and any notification required under subsection (f) of this Section. The Department will notify the System that a drug or equipment is disapproved and may no longer be performed on a conditional basis when the evaluation of the information submitted pursuant to this subsection (h) indicates that the safety of the drug or equipment has not been established for use in the pre-hospital setting.

- i) An EMSMD shall not approve an EMT to use new drugs or equipment unless that EMT has completed the Department-approved training program and examination, and has demonstrated the required knowledge and skill to use that drug or equipment safely and effectively.

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- i) An EMSMD shall not be required to provide new drug or equipment training to System EMTs who will not be using the new drugs or equipment.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.370 Automated Defibrillation

- a) Automated Defibrillator Operation training is a mandatory component of the EMT-P training established by Section 515.520 of this Part. Separate course approval is therefore not necessary.

- b) To be approved by the Department, an EMT-B or EMT-I Automated Defibrillator Operation course shall include the following:

1) A curriculum based on Section 9 of the United States Department of Transportation, Emergency Medical Technician-Intermediate: National Standard Curriculum;

2) A requirement that the EMT-B or EMT-I shall pass both a written and a practical examination as a condition of completing the course. The examinations shall be developed and evaluated by the EMS Medical Director or designee and shall be designed to measure the EMT's knowledge and skills to operate an automated defibrillator safely and effectively.

- c) A System may include the course in Automated Defibrillator Operation as part of an initial EMT-B or EMT-I license training program or may offer such training to persons already licensed as an EMT-B or EMT-I.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.380 Do Not Resuscitate (DNR) Policy

- a) A System shall develop a DNR policy for use by System personnel. The policy shall be implemented only after it has been reviewed and approved by the Department, in accordance with the requirements of this Section. For purposes of this Section, DNR refers to the withholding of cardiopulmonary resuscitation (CPR); electrical therapy to include pacing, cardioversion and defibrillation; tracheal intubation and manually or mechanically assisted ventilations, unless otherwise stated on the DNR Order.

- b) The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.

- c) The policy shall include specific procedures and protocols for withholding CPR in situations where explicit signs of biological death are present (e.g., decapitation, rigor mortis without profound

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hypothermia, profound dependent lividity), or the patient has been declared dead by a coroner or the patient's physician. The policy shall include recording such information on the run sheet and requesting the physician or coroner to sign the run sheet (if applicable).

- d) For situations not covered by subsection (c) of this Section, the policy shall require that resuscitative procedures be followed unless a valid DNR Order is present.

- e) A valid DNR Order shall consist of a written document, which has not been revoked, containing at least the following information:

- 1) Name of the patient,
- 2) Name and signature of attending physician,
- 3) Effective date,
- 4) The words "Do Not Resuscitate",
- 5) Evidence of consent - either:

- A) signature of patient; or
- B) signature of legal guardian; or
- C) signature of durable power of attorney for health care agent; or

- D) signature of surrogate decision-maker.
- f) A living will by itself cannot be recognized by pre-hospital care providers.

- g) Revocation of a written DNR Order shall be made only in one or more of the following ways:

- 1) The Order is physically destroyed or verbally rescinded by the physician who signed the Order; or
- 2) The Order is physically destroyed or verbally rescinded by the person who gave written consent to the Order.

- h) A System's DNR policy shall require System personnel to make a reasonable attempt to verify the identity of the patient (for example, identification by another person or an identifying bracelet) named in a valid DNR Order.

- i) The policy shall describe the roles of the on-line medical control physician and ECRN in DNR situations.

- j) The policy shall state which System ambulance personnel are authorized to respond to a valid DNR Order (EMT-P, EMT-I, EMT-B, Pre-hospital RN).

- k) The policy shall cross-reference the System's coroner notification policy.

- l) The policy shall describe the System's program for educating System personnel concerning the policy.

- m) The policy shall identify the quality assurance measures specific to this policy, including the methods and periods of review, and the submission of a yearly report to the Department indicating issues or problems that have been identified and the System's responses to those issues or problems.

(Source: Added at 21 Ill. Reg. 5170, effective

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Section 515.390 Minimum Standards for Continuing Operation

- a) The Resource Hospital and all System participants shall comply with the terms of the EMS System Program Plan, the System Manual, their respective letters of commitment and any applicable provisions of the Act or this Part.
- b) All EMS System personnel and ambulances are responsible for and shall maintain their certifications, licenses and approvals.
- c) In accordance with Section 515.160 of this Part, the Department may suspend, revoke or refuse to renew the approval of any EMS System when its findings show that the System is in violation of one or more of the requirements of the Act and this Part.

1) Such suspension, revocation or refusal to renew shall be preceded by notice and an opportunity for a hearing served upon the EMS Medical Director by certified mail or personal service.

2) The notice shall set forth the reasons for the proposed suspension or revocation and shall afford the EMS Medical Director 15 days from the date of receipt to make a written request for an administrative hearing. The EMSMD's failure to file a written request for a hearing within 15 days shall be considered a waiver of the System's right to a hearing on the proposed suspension, revocation, or refusal.

3) All hearings shall be conducted in accordance with the Department's Rules of Practice and Procedure for Administrative Hearings (77 Ill. Adm. Code 100).

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.400 General Communications

- a) All radios used by ambulance services shall:
 - 1) Have two-way ambulance-to-hospital communications capability on frequencies assigned by the Department;
 - 2) Use channel and tones assigned by the Department; and
 - 3) Use unit identifier numbers or other descriptive means of identification locally acceptable.
- b) All radio communications systems will require preliminary coordination with and recommendations from the Department's communication personnel.
- c) All pre-hospital care providers must provide information relative to the mechanism used for consumer access and dispatch of emergency vehicles within their respective service area.
- d) All hospitals participating in an EMS Plan or receiving emergency patients by ambulances must:
 - 1) Have two-way ambulance-to-hospital communications capability on a

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Section 515.410 EMS System Communications

- a) The System's communications plan shall be submitted for approval to the Department's EMS Communications staff, and shall include the following in accordance with 47 CFR 90 (1994):
 - 1) A listing of access numbers of Emergency Medical Services, including a description of plans to use or to implement a "911" System or Central Medical Emergency Dispatch (CMED) if or when available and a list of agencies involved;
 - 2) A description of communications interface with existing Systems;
 - 3) A description of plans to handle hospital-to-hospital communications;
 - 4) A complete and detailed communications equipment description;
 - 5) A general description of ultra-high frequency (UHF) or cellular telephone and back-up radio capabilities, such as very high frequency (VHF) or UHF radio, including Resource and Associate Hospital interconnections and control functions if any exist;
 - 6) A general description of paramedic input telephones, including Resource and Associate Hospital interconnections if any exist;
 - 7) A general description of EMS vehicle dispatch communications, including areas covered, mutual aid agreements, radio and telephone capabilities, including radio channels used (i.e., 155.220 MHz) and present and future 911 involvement;
 - 8) All mobile and portable communications equipment to be used by EMS System personnel;
 - 9) A detailed block diagram sketch or sketches showing all transmitters, receivers, antennas, control consoles, electrocardiogram (EKG) demodulators, patient monitor equipment, recorders, telephones, and couplers, with signal flow lines;
 - 10) Radio equipment specifications, including effective radiated power (ERP), antenna height, ground heights, antenna pattern, antenna direction, channels used, continuous tone-controlled squelch system tones, and digital dial numbers;
 - 11) Modes of operation such as half-duplex and multiplex;
 - 12) Radio coverage maps showing locations of all transmitting and receiving equipment and control points;
 - 13) A general discussion concerning radio interference and steps taken to minimize it (i.e., the use of only short EKG

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

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transmission, thus allowing several EMS units to use one channel, minimizing ERP and antenna height);

- 14) Copies of Federal Communications Commission (FCC) licenses or application; and

15) A narrative description of the System's plans for informing the community of the EMS System program development, how citizens can gain access, and the ongoing operation of the System.

- b) EMS telecommunications equipment shall be configured to allow the EMS Medical Director, or designee, to monitor all vehicle to hospital transmissions and hospital-to-vehicle transmissions within the System.
- c) Resource and Associate Hospitals shall have an operational control point for a Medical Emergency Communications of Illinois (MERCIL) VHF/UHF base station, telemetry receiving and monitoring and any Associate to Resource Hospital intercom lines.

- d) Physician direction shall be provided from the operational control point of an approved Resource or Associate Hospital. All medical orders/direction given shall be taped.

- e) Telecommunications equipment necessary to fulfill the requirements of this Part shall be staffed and maintained 24 hours every day, including VHF and UHF base stations and their required telephone equipment.

- f) EMS System personnel shall be capable of properly operating their respective communications equipment.

- g) All telecommunications equipment shall be maintained to minimize breakdowns. Procedures shall be established to provide immediate action to be taken by operating personnel to ensure rapid restoration in case breakdowns do occur.

- h) Written protocols shall describe communications procedures for operation of the System, all base station control points, and field units. These protocols shall contain provisions for limiting the time of individual radio transmissions to include only necessary information transfer (i.e., short telemetry strips). Mobile base control points and mobile units shall have an easily accessible copy of the protocols pertaining to their stations.

- i) Written protocols shall include a requirement that before terminating communications with medical control, pre-hospital personnel must notify medical control of a method by which the ambulance can be re-contacted, and must set its communications equipment so as to be able to receive a call from medical control.

- j) The Department shall approve channel assignments, ERP, antenna height and locations, and tones in new Systems to ensure radio coverage in approved program service areas without causing interference in existing Systems.

- k) The Department shall monitor and may require modifications in channel assignments, tones, antenna height and locations, and ERP to correct documented radio interference problems.

(Source: Added at 21 Ill. Reg. effective

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Section 515.420 System Participation Suspensions

- a) An EMS Medical Director may suspend from participation within the System any individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System. (Section 3.40(a) of the Act)
- b) Except as allowed in subsection (1) of this Section, the EMS Medical Director shall provide the individual, individual provider or other participant with a written explanation of the reason for the suspension; the terms, length, and condition of the suspension; and the date the suspension will commence, unless a hearing is requested. The procedure for requesting a hearing within 15 days through the Local System Review Board shall be provided.
- c) Failure to request a hearing within 15 days shall constitute a waiver of the right to a Local System Review Board hearing.

- d) The Resource Hospital shall designate the Local System Review Board, consisting of at least three members, one of whom is an emergency department physician with knowledge of EMS, one of whom is an EMT and one of whom is of the same professional category as the individual, individual provider or other participant requesting the hearing. (Section 3.40(e) of the Act)
- e) The hearing shall commence as soon as possible but at least within 21 days after receipt of a written request. The EMS Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of that hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the Local System Review Board's written decision shall be retained in the custody of the EMS System. The System shall implement a decision of the Local System Review Board unless that decision has been appealed to the State Emergency Medical Services Disciplinary Review Board in accordance with the Act and this Part. (Section 3.40(e) of the Act)

- f) The Local System Review Board shall state in writing its decision to affirm, modify or reverse the suspension order. Such decision shall be sent via certified mail or personal service to the EMS Medical Director and the individual, individual provider or other participant who requested the hearing within five business days after the conclusion of the hearing.
- g) The transcripts, all documents or materials received as evidence during the hearing and the Local System Review Board's written decision shall be retained in the custody of the EMS System.
- h) The EMS Medical Director shall notify the Department, in writing, within five business days after the Board's decision to either uphold, modify or reverse the EMS Medical Director's suspension of an individual, individual provider or participant. The notice shall include a statement detailing the duration and grounds for the

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- suspension.
- i) If the Local System Review Board affirms or modifies the EMS Medical Director's suspension order, the individual, individual provider or other participant shall have the opportunity for a review of the Local Board's decision of the State EMS Disciplinary Review Board. (Section 3.40(b)(1) of the Act)
 - j) If the Local System Review Board reverses or modifies the EMS Medical Director's suspension order, the EMS Medical Director shall have the opportunity for review of the Local Board's decision by the State EMS Disciplinary Review Board. (Section 3.40(b)(2) of the Act)
 - k) Requests for review by the State EMS Disciplinary Review Board shall be submitted in writing to the Chief of the Department's Division of Emergency Medical Services and Highway Safety, within 10 days after receiving the Local Board's decision or the EMS Medical Director's suspension order, whichever is applicable. A copy of the Board's decision or the suspension order shall be enclosed. (Section 3.45(h) of the Act)
 - l) An EMS Medical Director may immediately suspend an individual, individual provider or other participant if he or she finds that the information in his or her possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the EMS Medical Director which states the length, terms and basis for the suspension. (Section 3.40(c) of the Act)
 - 1) Within 24 hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Department, by messenger or telefax, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director's decision to suspend the EMT or provider.
 - 2) Within 24 hours following the commencement of the suspension, the suspended EMT or provider may deliver to the Department, by messenger or telefax, a written response to the suspension order and copies of any written materials which the EMT or provider feels relate to that response.
 - 3) Within 24 hours following receipt of the EMS Medical Director's suspension order or the EMT's or provider's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending the EMT's or provider's opportunity for hearing or review in accordance with the Act, or whether the suspension should continue during the course of that hearing or review. The Director or the Director's designee shall issue this determination to the EMS Medical Director, who shall immediately notify the suspended EMT or provider. The suspension shall remain in effect during this period of review by the Director or the Director's designee. (Section 3.40(c) of the Act)

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(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

Section 515.430 Suspension, Revocation and Denial of Licensure of EMTs

In accordance with Section 515.160 of this Part, the Director, after providing notice and an opportunity for an administrative hearing to the applicant or licensee, shall deny, suspend or revoke a license or refuse to relicense any person as an EMT-B, EMT-I or EMT-P in any case in which he or she finds that there has been a substantial failure to comply with the provisions of the Act or this Part. Such findings must show one or more of the following:

- a) The EMT has not met continuing education or relicensure requirements as prescribed by the Department in this Part (Section 3.50(d)(8)(A) of the Act);
- b) The EMT has failed to maintain proficiency in the level of skills for which he or she is licensed (Section 3.50(b)(8)(B) of the Act);
- c) The EMT, during the provision of medical services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public (Section 3.50(d)(8)(C) of the Act) (e.g., use of alcohol or illegal drugs while on duty, verbal or physical abuse of a patient, or misrepresentation of licensure status);
- d) The EMT has failed to maintain or has violated standards of performance and conduct as prescribed by the Department in this Part or his or her EMS System's Program Plan (Section 3.50(d)(8)(D) of the Act);
- e) The EMT is physically impaired to the extent that he or she cannot physically perform the skills and functions for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to this Part (Section 3.50(d)(8)(E) of the Act);
- f) The EMT is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the functions for which he or she is licensed, as verified by a physician, unless the person is an EMT-I or EMT-P on inactive status pursuant to this Part (Section 3.50(d)(8)(F) of the Act);
- g) The EMT has violated the Act or this Part (Section 3.50(d)(8)(G) of the Act);
- h) The EMT has demonstrated medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care; or
- i) The EMT's license has been revoked, denied or suspended by the Department.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.440 State Emergency Medical Services Disciplinary Review Board

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- a) The Governor shall appoint a State Emergency Medical Service Disciplinary Review Board in accordance with Section 3.45 of the Act. (Section 3.45(a) of the Act)
- b) The Board shall regularly meet on the first Tuesday of every month, unless no requests for review have been submitted. Additional meetings of the Board shall be scheduled as necessary to insure that a request for direct review of an immediate suspension order is scheduled within 14 days after the Department receives the request for review or as soon thereafter as a quorum is available. The Board shall meet in Springfield or Chicago, whichever location is closer to the majority of the members or alternates attending the meeting. (Section 3.45(q) of the Act)
- c) At its regularly scheduled meetings, the Board shall review requests prior to the Board's meeting date. Requests for review which are received less than 10 working days prior to a scheduled meeting shall be considered at the Board's next scheduled meeting, except that requests for direct review of an immediate suspension order may be scheduled up to 3 working days prior to the Board's meeting date. (Section 3.45(i) of the Act)
- d) A quorum shall be required for the Board to meet, which shall consist of 3 members or alternates, including the EMS Medical Director or alternate and the member or alternate from the same professional category as the subject of the suspension order. At each meeting of the Board, the members or alternates present shall select a Chairperson to conduct the meeting. (Section 3.45(j) of the Act)
- e) Meetings of the State EMS Disciplinary Review Board shall be conducted in closed session. Department staff may attend for the purpose of providing clerical assistance. No other persons may be in attendance except for the parties to the dispute being reviewed by the Board and their attorneys, unless by request of the Board. Meetings of the Board shall be exempt from the provisions of the Open Meetings Act. (Section 3.45(k) of the Act)
- f) The Board shall review the transcript, evidence and written decision of the local review board or the written decision and supporting documentation of the EMS Medical Director, whichever is applicable, along with any additional written or verbal testimony or argument offered by the parties to the dispute. (Section 3.45(l) of the Act)
- g) At the conclusion of its review, the Board shall issue its decision and the basis for its decision on a form provided by the Department, and shall submit to the Department its written decision together with the record of the Local System Review Board. The Department shall promptly issue a copy of the Board's decision to all affected parties. The Board's decision shall be binding on all parties. (Section 3.45(m) of the Act)

(Source: Added at 21 Ill. Reg. 5170, effective
APR 15 1997)

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SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.500 Emergency Medical Technician-Basic Training

- a) Applications for approval of EMT-B Training Programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of the training program, and name and signature of EMS Medical Director.
- b) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the first scheduled class. Included with the application shall be a description of the clinical requirements, textbook being used and passing score for the class.
- c) The EMS Medical Director shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum (minimum sections shall include #1 through #7 of the National Curriculum for EMT Basic), and that all instructors are knowledgeable in the material and capable of instructing at the EMT-B level.
- d) The EMT-B training program shall designate an EMS Lead Instructor who shall be responsible for the overall management of the training program and shall be approved by the Department based on requirements of Section 515.700.
- e) Any change excluding an emergency change (e.g., weather or instructor illness) in the EMT-B training program's Medical Director or EMS Lead Instructor shall require an amendment to be filed with the Department. Questions for all quizzes and tests to be given during the EMT-B training program shall be prepared by the EMS Lead Instructor and available upon the Department's request.
- g) Each approved training program shall submit a student roster within 10 days after the first class, as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.
- h) All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Added at 21 Ill. Reg. 5170, effective
APR 15 1997)

Section 515.510 Emergency Medical Technician-Intermediate Training

- a) An EMT-I training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.
- b) Applications for approval of EMT-I Training Programs shall be filed

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with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of training program, and names and signatures of the EMS Medical Director and EMS System Coordinator.

- c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the first scheduled class.

- d) The EMS Medical Director of the EMS System shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. Minimum sections shall include #1 through #8.

- e) The EMT-I training program shall be under the direction of the EMS Medical Director and the EMS System Coordinator.

- f) The EMS System shall designate an EMS Lead Instructor, who shall be approved by the Department based on the requirements of Section 515.700.

- g) The EMS Lead Instructor shall be an EMT-I, an EMT-P, a Registered Nurse or a Physician and shall have four years of experience in emergency care as a provider and two years of teaching experience in a classroom setting.

- h) Any change excluding an emergency change (e.g., weather or instructor illness) in the EMT-I training program's EMS Medical Director, EMS System Coordinator and/or EMS Lead Instructor shall require an amendment to be filed with the Department.

- i) A candidate for an EMT-I training program must have a current Illinois EMT-B license.

- j) Before a candidate is accepted into the program, documentation must be submitted that an EMS System vehicle will be available to accommodate field experience.

- k) Each approved training program shall submit a student roster within 10 days after the first class.

- l) After an EMT-I candidate has completed and passed all components of the training program, and passed the Department's exam or the National Registry examination, the EMSMD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.

- m) All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.520 Emergency Medical Technician-Paramedic Training

- a) An EMT-P training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.

- b) Applications for approval of EMT-P training programs shall be filed

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with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, dates of training program, and names and signatures of the EMS Medical Director and EMS System Coordinator.

- c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the first scheduled class.

- d) The EMS Medical Director of the EMS System shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. The EMT-P training program shall include all components of the National Standard Curriculum.

- e) The EMT-P training program's lead coordinators shall be the EMS Medical Director and the EMS System Coordinator.

- f) Any change excluding an emergency change (e.g., weather or instructor illness) in the EMT-P training program's EMS Medical Director and/or EMS System Coordinator shall require an amendment to be filed with the Department.

- g) A candidate for an EMT-P training program must have a current Illinois EMT-B or EMT-I license.

- h) Before a candidate is accepted into the program, documentation must be submitted that an EMS System vehicle will be available to accommodate field experience and internship needs.

- i) Each approved training program shall submit a student roster within 10 days after the first class.

- j) After an EMT-P candidate has completed and passed all components of the training program, and passed the Department or National Registry examination, the EMSMD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.

- k) All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.530 EMT Testing and Fees

- a) All EMT-B candidates shall hold a high school diploma or high school equivalency certificate and be 18 years of age or older to be tested for licensure.

- b) After completion of an approved training program, candidates shall take a written examination. The candidate shall have the choice of taking either the National Registry of Emergency Medical Technicians examination or the Department's examination. The Department's examination is based on the United States Department of Transportation National Standard Curriculum and is equivalent to the National

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Registry Examination.

- c) The Department or designee shall administer the State written examination for EMT-B, EMT-I and EMT-P licensure. Candidates who elect to take the National Registry of Emergency Medical Technicians examination in lieu of the State examination shall be responsible for making their own arrangements with the National Registry.
- d) A failure rate per class of 25 percent or greater on the licensure examination shall require that the particular training program be reevaluated by the Department at least 60 days before the start of the next class.
- e) The candidate shall retake the training program if he/she fails to achieve a passing grade on three successive examinations within 12 months after sitting for the examination for the first time.
- f) When a candidate elects to take the State examination or the National Registry's examination, the candidate must pass that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.
- g) A candidate making application for the Department's written examination for licensure shall include a certified check or money order made payable to the Department (personal checks or cash will not be accepted) for:
- 1) EMT-B examination - \$20;
 - 2) EMT-I examination - \$30; or
 - 3) EMT-P examination - \$40.
- h) Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of the examination fee.
- i) If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.
- j) All fees submitted for licensure examinations are not refundable.
- k) Fees paid to the Department for testing shall be returned to the Resource Hospital serving the System in which the candidate trained.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.540 EMT Licensure

- a) To be licensed by the Department as an EMT-B, an individual must:
- 1) Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-B examination.
- 2) Be functioning within a State-approved EMS System providing basic life support services, as verified by that System's EMS Medical Director.
- b) To be licensed by the Department as an EMT-I, an individual must:
- 1) Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-I examination.

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- 2) Be functioning within a State-approved EMS System providing intermediate life support services, as verified by that System's EMS Medical Director.
- c) To be licensed by the Department as an EMT-P, an individual must:
- 1) Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-P examination.
 - 2) Be functioning within a State-approved EMS System providing advanced life support services, as verified by that System's EMS Medical Director.
- d) An EMT license will specify the level of licensure, i.e., EMT-B, EMT-I or EMT-P, and will be effective for a period of four years.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.550 Scope of Practice - Licensed EMT

- a) Any person licensed as an EMT-B, EMT-I or EMT-P shall perform emergency and non-emergency medical services in accordance with his or her level of education, training and licensure, the standards of performance and conduct prescribed in this Part, and the requirements of the EMS System in which he or she practices, as contained in the approved Program Plan for that System. (Section 3.55 (a) of the Act)
- b) A person currently licensed as an EMT-B, EMT-I, or EMT-P may only practice as an EMT or utilize his or her EMT license in pre-hospital or inter-hospital emergency care settings or non-emergency medical transport situations, under the written or verbal direction of the EMS Medical Director. For purposes of this Section, a "pre-hospital emergency care setting" may include a location, that is not a health care facility, which utilizes EMTs to render pre-hospital emergency care prior to the arrival of a transport vehicle. The location shall include communication equipment and all of the portable equipment and drugs appropriate for the EMT's level of care, and the protocols of the EMS Systems, and shall operate only with the approval and under the direction of the EMS Medical Director. (Section 3.55(b) of the Act)
- c) This does not prohibit an EMT-B, EMT-I, or EMT-P from practicing within an emergency department or other health care setting for the purpose of receiving continuing education or training approved by the EMS Medical Director. This also does not prohibit an EMT-B, EMT-I, or EMT-P from seeking credentials other than his or her EMT license and utilizing such credentials to work in emergency departments or other health care settings under the jurisdiction of that employer. (Section 3.55(b) of the Act)
- d) A student enrolled in a Department-approved emergency medical technician program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the System and the Department, may perform prescribed

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procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS Medical Director. (Section 3.55(d) of the Act)

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997.)

Section 515.560 EMT-B Continuing Education

- a) Continuing education classes, seminars, clinical time, workshops or other types of programs shall be approved by the Department before being offered to EMT-Bs. An application for approval shall be submitted to the Department on a form prescribed, prepared and furnished by the Department, at least 60 days prior to the scheduled event.
- b) Approval will be granted provided the application is complete and the content of the program is based on topics or materials from the United States Department of Transportation National Standard Curriculum for EMT-Bs. Upon approval, the Department will issue a site code to the class, seminar, workshop or program.
- c) An EMT-B shall be responsible for submitting written proof of continuing education attendance to the EMS System Coordinator or the Department Regional EMS Coordinator.
- d) The EMS System Coordinator or Department Regional EMS Coordinator shall be solely responsible for verifying whether specific continuing education hours have been earned by the EMT-B.
- e) An EMT-B shall be responsible for maintaining copies of all documentation concerning continuing education programs that he or she has completed.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997.)

Section 515.570 EMT-I Continuing Education

- a) Didactic continuing education classes, seminars or other types of programs shall be approved by the Department before being offered to EMT-Is. An application for approval shall be submitted to the Department by an EMS Medical Director, on a form prescribed and furnished by the Department, at least 60 days prior to the scheduled event.
- b) Approval will be granted provided the application is complete and the content of the program is based on topics or materials from the United States Department of Transportation National Standard Curriculum for Intermediates. Upon approval, the Department will issue a site code to the class, seminar or program.
- c) An EMS System may apply to the Department for a single System Site

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Code to cover didactic continuing education activities conducted by the System solely for System EMT-Is (e.g., telemetry review at the Resource Hospital, morbidity and mortality conferences, preceptor orientation, review of System education materials). Activities conducted under the System Site Code shall not require individual approval by the Department.

- d) The EMSMD of the EMS System in which the EMT-I functions shall be responsible for determining whether a particular State-approved didactic continuing education program is acceptable for credit within the System.

- e) An EMT-I shall be responsible for submitting written proof of didactic continuing education attendance to the EMS System Coordinator, in the manner prescribed by the System Program Plan.

- f) The EMS System Coordinator or EMS Medical Director of the EMS System in which an EMT-I primarily functions shall be solely responsible for verifying whether specific continuing education hours have been earned by the EMT-I.

- g) An EMS System that requires clinical continuing education shall specify in the System Program Plan the number of hours required, and the manner in which those hours must be earned, submitted and verified.

- h) An EMT-I shall be responsible for maintaining copies of all documentation concerning continuing education programs or activities that he or she has completed.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997.)

Section 515.580 EMT-P Continuing Education

- a) Didactic continuing education classes, seminars or other types of programs shall be approved by the Department before being offered to EMT-Ps. An application for approval shall be submitted to the Department by an EMS Medical Director, on a form prescribed, prepared and furnished by the Department, at least 60 days prior to the scheduled event.

- b) Approval will be granted provided the application is complete and the content of the program is based on topics or materials from the United States Department of Transportation National Standard Curriculum for Paramedics. Upon approval, the Department will issue a site code to the class, seminar or program.

- c) An EMS System may apply to the Department for a single System Site Code to cover didactic continuing education activities conducted by the System solely for System EMT-Ps (e.g., telemetry review at the Resource Hospital, morbidity and mortality conferences, preceptor orientation, review of System educational materials). Activities conducted under the System Site Code shall not require individual approval by the Department.

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- d) The EMSMD of the EMS System in which the EMT-P functions shall be responsible for determining whether a particular State-approved didactic continuing education program is acceptable for credit within that System.
- e) An EMT-P shall be responsible for submitting written proof of didactic continuing education attendance to the EMS System Coordinator, in the manner prescribed by the System Program Plan.
- f) The EMS System Coordinator or EMS Medical Director of the EMS System in which an EMT-P primarily functions shall be solely responsible for verifying whether specific continuing education hours have been earned by the EMT-P.
- g) An EMS System that requires clinical continuing education shall specify in the System Program Plan the number of hours required, and the manner in which those hours must be earned, submitted, and verified.
- h) An EMT-P shall be responsible for maintaining copies of all documentation concerning continuing education programs or activities that he or she has completed.

(Source: Added at 21 Ill. Reg. 5170, effective April 1, 1990.)

Section 515.590 EMT License Renewals

- a) To be relicensed as an EMT:
- 1) The licensee shall file an application for renewal with the Department on a form prescribed by the Department at least 30 days prior to the license expiration date.
 - A) The submission of a transaction card (Form No. IL 482-0837) by the EMS Medical Director will satisfy the renewal application requirement for a licensee who has been recommended for relicensure by the EMS Medical Director.
 - B) A licensee who has not been recommended for relicensure by the EMS Medical Director must independently submit to the Department an application for renewal. The EMS Medical Director shall provide the licensee with a copy of the appropriate form to be completed.
 - 2) A written recommendation signed by the EMS Medical Director must be provided to the Department regarding completion of the following requirements:
 - A) One hundred twenty hours of continuing education, seminars and workshops, addressing both adult and pediatric care. The System shall define in the Program Plan the number of continuing education hours to be accrued each year for relicensure. No more than 25 percent of those hours may be in the same subject.
 - B) For EMT-B and EMT-I, a refresher course or Basic Trauma Life Support (BTLIS) or Pre-hospital Trauma Life Support (PHTLS).

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- to be successfully completed during the last two years of the relicensure period. Hours accrued for the refresher course, BTLIS or PHTLS shall be included in the required 120 hours of continuing education.
- C) Any System continuing education requirements for an EMT approved to operate an automated defibrillator shall be included in the required 120 continuing education hours.
 - D) A current CPR completion card that covers:
 - i) Adult one-rescuer CPR,
 - ii) Adult foreign body airway obstruction management,
 - iii) Pediatric one-rescuer CPR,
 - iv) Pediatric foreign body airway obstruction management, and
 - v) Adult two-rescuer CPR.
 - E) Functioning within a State-approved EMS System providing the licensed level of life support services as verified by that System's EMS Medical Director.
- b) Composition of refresher training programs, continuing education programs and qualifications of instructors shall be submitted to the Department for approval not less than 60 days prior to the scheduled event. Program approval will be granted provided the program is conducted in accordance with guidelines of the Department of Transportation's National Standard Curriculum for EMTs and contains material relevant to that level of licensure. Qualifications of instructors shall be consistent with Section 515.700.
- c) If the EMS Medical Director does not recommend relicensure, he/she shall submit all reasons for denial in writing to the EMT and the Department.
- d) The license of an EMT who has failed to file an application for renewal shall terminate on the day following the expiration date shown on the license.
- e) At any time prior to the expiration of the current license, an EMT-I or EMT-P may revert to the EMT-B status for the remainder of the license period. The EMT-I or EMT-P must make this request in writing to the Department. To relicense at the EMT-B level, the individual must meet the EMT-B requirements for relicensure.
- f) An EMT-I or EMT-P who has reverted to EMT-B status may be subsequently relicensed as an EMT-I or EMT-P, upon the recommendation of an EMS Medical Director who has verified that the individual's knowledge and clinical skills are at an active EMT-I or EMT-P level, and that the individual has completed any retraining, education or testing deemed necessary by the EMSMD for resuming EMT-I or EMT-P activities.
- g) Any EMT whose license has expired for a period of more than 60 days shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure (see subsection (i) below).
- h) The Department shall require the licensee to certify on the renewal application form, under penalty of perjury, that he or she is not more

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than 30 days delinquent in complying with a child support order. (Section 10-65(c) of the Illinois Administrative Procedure Act [5 ILCS 100/10-65(c)])

- i) An EMT whose license has expired may, within 60 days after licensure expiration, submit all relicensure material as required in this Part and a fee of \$50 in the form of a certified check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the EMT, the Department will relicense the EMT.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.600 EMT Inactive Status

- a) Prior to the expiration of the current license, an EMT may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director. The EMS Medical Director will apply to the Department in writing and request that the EMT be placed on inactive status. The application shall contain the following information:

- 1) Name of individual;
- 2) Date of licensure;
- 3) License type, i.e., EMT-B, EMT-I or EMT-P;
- 4) EMT identification number;
- 5) Circumstances requiring inactive status; and
- 6) A statement that relicensure requirements have been met by the date of the application for inactive status.

- b) The Department will review requests for inactive status. The Department shall notify the EMS Medical Director in writing of its decision based on subsection (a) of this Section.
- c) If the request for inactive status is granted, the EMSMD shall forward the EMT's license to the Department.

- d) For the EMT to return to active status, the EMS Medical Director must make application to the Department. The application must be in writing and include a statement that the EMT has been examined (physically and mentally) and found capable of functioning within the EMS System; that the EMT's knowledge and clinical skills are at the active EMT level for that individual's license; and that the EMT has completed any refresher training deemed necessary by the EMSMD and approved by the Department. If the inactive status was based on a temporary disability, the EMSMD shall also verify that the disability has ceased.

- e) During inactive status, the EMT shall not function as an EMT, at any level.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

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Section 515.610 EMT Reciprocity

- a) EMTs from other states who wish to function in Illinois as an Emergency Medical Technician may apply to the Department for licensure by reciprocity.

- b) Such application shall be in writing and contain the following information:

- 1) Proof of current registration by the state in which he/she currently functions and written verification from that state or current registration with the National Registry of Emergency Medical Technicians and written verification thereof;

- 2) A written statement of satisfactory completion of a training program that meets or exceeds the requirements of the Department as set forth in this Part;

- 3) A letter of recommendation from the EMS Medical Director of the EMS System in the state from which the individual came. This letter should include a statement that the EMT is currently in good standing and up to date with continuing education hours; and

- 4) A current CPR completion card.

- c) The Department will review requests for reciprocity to determine compliance with the applicable provisions of this Part. Continuing education hours from the state of current licensure will be prorated based on the expiration date of the current license.

- d) Individuals who meet the requirements for licensure by reciprocity will be State licensed consistent with the expiration date of their current license but not to exceed a period of four years.

- e) Following licensure by reciprocity, the individual must comply with the requirements of this Part for relicensure.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section 515.700 EMS Lead Instructor

- a) All education, training and continuing education courses for EMT-B, EMT-I, EMT-P, Pre-Hospital RN, ECRN, First Responder and Emergency Medical Dispatcher shall be coordinated by at least one approved EMS Lead Instructor. A program may use more than one EMS Lead Instructor. A single EMS Lead Instructor may simultaneously coordinate more than one program or course. (Section 3.65(b)(5) of the Act)
- b) To apply to take the EMS Lead Instructor's examination, the candidate shall submit:
 - 1) Documentation of experience and education in accordance with

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subsection (c) of this Section:

- 2) A fee of \$50 in the form of a money order or certified check made payable to the Department (cash or a personal check will not be accepted);
- 3) A letter from the EMS Medical Director saying he/she will approve the course conducted by the candidate;
- 4) An EMS Lead Instructor application form prescribed by the Department, which shall include, but not be limited to, name, address, and resume.

c) An EMS Lead Instructor shall meet at least the following minimum experience and education requirements:

- 1) A current license as an EMT-B, EMT-I, EMT-P, RN or physician;
- 2) A minimum of four years of experience in pre-hospital emergency care;
- 3) At least two years of documented teaching experience;
- 4) Documented classroom teaching experience, i.e., BTLS, PHTLS, CPR, Pediatric Advanced Life Support (PALS);
- 5) Documented successful completion of the Illinois EMS Instructor Education Course or equivalent to the National Standard Curriculum for EMS Instructors.

d) Upon the applicant's completion of the EMS Lead Instructor examination with a score of at least 80 percent, the Department will approve the individual as an EMS Lead Instructor. The approval will be valid for four years.

e) An individual who prior to August 1, 1995, coordinated education, training and continuing education courses for pre-hospital providers may petition the Department for conditional approval as an EMS Lead Instructor. Conditional approval will be granted until July 1, 2000, by which date the individual must successfully complete the EMS Lead Instructor examination. Individuals petitioning for conditional approval must submit the following to the Department:

- 1) A resume including documentation of experience and education in accordance with subsection (c) of this Section.
- 2) A listing of all relevant programs coordinated from January 1, 1991 to present.
- 3) A letter of support from an EMS Medical Director indicating that the individual has satisfactorily coordinated programs for the EMS System at any time between August 1, 1995, and April 15, 1997.

4) An EMS Lead Instructor application form prescribed by the Department, which shall include, but not be limited to, name and address.

f) To renew approval for another four-year period, the EMS Lead Instructor shall submit to the Department at least 60 days, but not more than 90 days, prior to the approval expiration:

- 1) A letter of support from an EMS Medical Director indicating that the EMS Lead Instructor has satisfactorily coordinated programs for the EMS System at any time during the four-year period.

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- 2) Documentation of at least 10 hours of continuing education annually. (Programs used to fulfill other professional continuing education requirements, i.e., EMT, nursing, may also be used to meet this requirement.)

g) The Department shall, in accordance with Section 515.160 of this Part, suspend or revoke the approval of an EMS Lead Instructor, after an opportunity for a hearing, when findings show: the EMS Lead Instructor has failed:

- 1) To conduct a course in accordance with the curriculum prescribed by the Act and/or this Part; or
- 2) To comply with protocols prescribed by this Part. (Section 3.65(b)(7) of the Act)

(Source: Added at 21 Ill. Reg. _____, effective _____, APR 15 1997.)

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Section 515.710 Emergency Medical Dispatcher

a) An individual who acts as an Emergency Medical Dispatcher must be registered with the Department by August 1, 2000.

b) To apply for registration as an Emergency Medical Dispatcher, the individual must submit the following to the Department:

- 1) A completed Emergency Medical Dispatcher registration form that includes name, address, System affiliation, and employer of the Emergency Medical Dispatcher; and
- 2) Documentation of successful completion of a dispatching course meeting or exceeding the National Standard Curriculum for EMS Dispatchers or its equivalent. (Section 3.70(a) of the Act)

c) Persons who have already completed a course of instruction in emergency medical dispatch based on, equivalent to or exceeding the national curriculum of the United States Department of Transportation, or as otherwise approved by the Department, shall be considered Emergency Medical Dispatchers on July 19, 1995. (Section 3.70(a) of the Act)

d) An individual acting as an Emergency Medical Dispatcher who does not meet the requirements of subsection (c) of this Section must comply with the following until he or she is registered with the Department:

- 1) He or she shall act in accordance with an approved EMS System Program Plan; and
- 2) His or her work performance shall be evaluated at one month after employment and at six-month intervals thereafter by the EMSMD or his/her designee.

e) If the Emergency Medical Dispatcher provides both adult and pediatric pre-arrival medical instructions to the caller, such instructions shall be provided in accordance with protocols established by the EMS Medical Director of the EMS System in which the dispatcher operates. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone

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System Act, the protocols shall be established by the Board in consultation with the EMS Medical Director. (Section 3.70(a) of the Act)

- f) A registered Emergency Medical Dispatcher shall notify the Department within 10 days after any changes in name, address, employer or system affiliation.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.720 First Responder

- a) An individual who acts as a First Responder as part of an EMS System's Program Plan must be registered with the Department by August 1, 2000.
- b) To register as a First Responder, the individual must submit the following to the Department:

- 1) A completed First Responder registration form prescribed by the Department, which shall include, but not be limited to, the First Responder's name, address, EMS system in which he or she participates as a First Responder, and the employer and supervisor when the individual is acting as a First Responder. (Section 3-60(b)(3) of the Act)
- 2) Documentation of successful completion of training in accordance with the National Standard Curriculum for First Responders or its equivalent and training in cardiopulmonary resuscitation.
- 3) Verification that the equipment listed in subsection (d) of this Section will be immediately available to the individual when he or she is acting as a First Responder.

- c) *Persons who have already completed a course of instruction in emergency first response based on or equivalent to the national curriculum of the United States Department of Transportation, or who were previously recognized by the Department as a First Responder on July 19, 1995, shall be considered First Responders* (Section 3.60(a) of the Act) by submitting to the Department by July 1, 1997, a First Responder registration form and verification that the equipment listed in subsection (d) of this Section will be immediately available to the individual when he or she is acting as a First Responder.

- d) As a minimum, when acting as a First Responder an individual shall have the following equipment immediately available:

- 1) triangular bandage;
- 2) roller type bandage;
- 3) universal dressing;
- 4) gauze pad;
- 5) occlusive dressing;
- 6) bandage scissors;
- 7) adhesive tape;
- 8) stick (for impaled object/tourniquet);
- 9) blanket;

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- 10) upper extremity splint;
- 11) lower extremity splint (set);
- 12) oxygen equipment and masks (adult and pediatric);
- 13) bag-mask resuscitator; and
- 14) oropharyngeal airway (adult, child and infant).

- e) A First Responder shall notify the Department, in writing, within 10 days after any changes in:

- 1) EMS System participation;
- 2) the First Responder's employer or supervisor; and
- 3) name or address.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.730 Pre-Hospital Registered Nurse

- a) To be approved as a Pre-Hospital RN, an individual shall:
- 1) Be a registered nurse in accordance with the Illinois Nursing Act of 1987;

- 2) Complete an education curriculum formulated by an EMS System and approved by the Department, which consists of at least 24 hours of classroom and practical training, including extrication, telecommunications, and pre-hospital cardiac and trauma care of both the adult and pediatric population (Section 3.80(c)(1)(A) of the Act);

- 3) Complete a minimum of 10 A&S runs supervised by a licensed physician, an approved Pre-Hospital RN or an EMT, only as authorized by the EMS Medical Director; and

- 4) Complete the Pre-Hospital RN application form as prescribed by the Department.

- b) The EMS Medical Director shall approve individuals meeting subsection (a) of this Section as a Pre-Hospital RN for four years.

- c) The EMS Medical Director shall reapprove Pre-Hospital RNs every four years if the Pre-Hospital RN:

- 1) Is a registered nurse in accordance with the Illinois Nursing Act of 1987; and
- 2) Has completed 120 hours of continuing education, the content of which shall be consistent with the System's continuing education requirements for EMT-PS; and

- 3) Has a current CPR completion card that covers:

- A) Adult one-rescuer CPR;
- B) Adult foreign body airway obstruction management;
- C) Pediatric one-rescuer CPR;
- D) Pediatric foreign body airway obstruction management; and
- E) Adult two-rescuer CPR.

- d) All existing Registered Professional Nurse/Field RNs on July 19, 1995, shall be considered Pre-Hospital Registered Nurses if they submit a Pre-Hospital RN application form to the EMS Medical Director by July

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1, 1997. (Section 3.80(b) of the Act)

e) Inactive Status

1) Prior to the expiration of the current approval, a Pre-Hospital RN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:

- A) Name of individual,
B) Date of approval,
C) Circumstances requiring inactive status, and
D) A statement that recertification requirements have been met by the date of the application for inactive status.

2) The EMS Medical Director will review and grant or deny requests for inactive status.

3) For the Pre-Hospital RN to return to active status, the EMS Medical Director must document that the Pre-Hospital RN has been examined (physically and mentally) and found capable of functioning within the EMS System, that the Pre-Hospital RN's knowledge and clinical skills are at the active Pre-Hospital RN level, and that the Pre-Hospital RN has completed any refresher training deemed necessary by the EMS system. If the inactive status was based on a temporary disability, the EMSMD shall also verify that the disability has ceased.

4) During inactive status, the individual shall not function as a Pre-Hospital RN.

5) The EMS Medical Director shall notify the Department in writing of Pre-Hospital RN's approval, reapproval, or granting or denying inactive status within 10 days after any change in a Pre-Hospital RN's approval status.

(Source: Added at 21 Ill. Reg. 5170=, effective APR 15 1997)

Section 515.740 Emergency Communications Registered Nurse

a) To be approved as an ECRN, an individual shall:
1) Be a registered nurse in accordance with the Illinois Nursing Act of 1987;

2) Complete an education curriculum formulated by an EMS System and approved by the Department, which consists of at least 40 hours of classroom and practical training for both the adult and pediatric population, including telecommunications, system standing medical orders and the procedures and protocols established by the EMS Medical Director (Section 3.80(c)(1)(B) of the Act);

3) Complete eight hours of field experience supervised by an EMT, only as authorized by the EMS Medical Director; and

4) Complete the ECRN application form as prescribed by the Department.

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b) The EMS Medical Director shall approve individuals meeting subsection (a) of this Section as an ECRN for four years.

c) The EMS Medical Director shall reapprove ECRNs every four years if the ECRN:

- 1) Is a registered nurse in accordance with the Illinois Nursing Act of 1987; and
2) Has completed 32 hours of continuing education in a four-year period.

d) All existing Registered Professional Nurse/MICNs on July 19, 1995, shall be considered Emergency Communications Registered Nurses (ECRNs) if they submit an ECRN application form to the EMS Medical Director by July 1, 1997. (Section 3.80(a) of the Act)

e) Inactive Status

1) Prior to the expiration of the current approval, the ECRN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:

- A) Name of individual,
B) Date of approval,
C) Circumstances requiring inactive status,
D) A statement that recertification requirements have been met by the date of the application for inactive status.

2) The EMS Medical Director will review and grant or deny requests for inactive status.

3) For the ECRN to return to active status, the EMS Medical Director must document that the ECRN has been examined (physically and mentally) and found capable of functioning within the EMS System, that the ECRN's knowledge and clinical skills are at the active ECRN level, and that the ECRN has completed any refresher training deemed necessary by the EMS System. If the inactive status was based on a temporary disability, the EMS System shall also verify that the disability has ceased.

4) During inactive status, the individual shall not function as an ECRN at any level.

5) The EMS Medical Director shall notify the Department in writing of the ECRN's approval, reapproval, or granting or denying inactive status within 10 days after any change in an ECRN's approval status.

(Source: Added at 21 Ill. Reg. 5170=, effective APR 15 1997)

Section 515.750 Trauma Nurse Specialist

a) Trauma Nurse Specialist (TNS) Training Sites
1) Trauma Nurse Specialist courses shall be conducted only at hospitals that have been designated by the Department as TNS Training Sites.

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- 2) The Department shall designate TNS Training Sites based upon Regional needs for course availability, the trauma educational and clinical capabilities of interested hospitals, prior Department approval of a hospital as a TNS Training Site, and participation in an EMS System.
- 3) Any hospital seeking designation as a TNS Training Site must submit a Trauma Nurse Specialist Program Plan on a form provided by the Department.
- 4) The Chief Executive Officer of the hospital designated as a TNS Training Site shall appoint, and endorse in writing to the Department, a Trauma Nurse Specialist Course Coordinator (TNSCC) to plan, coordinate, implement and evaluate the TNS course and TNS program activities, who meets the following requirements:
 - A) Is a registered professional nurse licensed under the Illinois Nursing Act of 1987;
 - B) Is employed by the TNS Training Site;
 - C) Has at least three years of experience as a registered professional nurse in an emergency department or critical care setting in a trauma center;
 - D) Holds a Certificate of TNS course Completion issued by the Department or its equivalent as provided in this Section; and
 - E) Has a minimum of 50 hours of teaching experience in emergency/critical care nursing courses.
- 5) The TNSCC shall admit to the TNS course only those individuals who have met the following requirements:
 - 1) Are currently licensed as a registered nurse in the state in which they are practicing, as verified by the submission of a photocopy of the official document showing the license number and expiration date; and
 - 2) Have at least one year of experience as a registered professional nurse.
- 6) The TNS course shall include at least 80 hours of didactic sessions. The course content shall include but not be limited to the following topics:
 - 1) EMS/Trauma System concepts,
 - 2) Stabilization and transportation of the critically ill or injured,
 - 3) Assessment and management of the traumatized patient,
 - 4) Maxillofacial trauma,
 - 5) Ocular trauma,
 - 6) Neurological, respiratory and cardiac anatomy, physiology and assessment,
 - 7) Head trauma,
 - 8) Spinal trauma,
 - 9) Cardiopulmonary trauma,
 - 10) Adjuncts for airway control and ventilation,
 - 11) Acid base-balance and Arterial Blood Gases (ABGs).

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- 12) Abdominal trauma,
 - 13) Genitourinary trauma,
 - 14) Trauma in pregnancy,
 - 15) Musculoskeletal/vascular/surface trauma,
 - 16) Thermal trauma,
 - 17) Fluid and electrolytes,
 - 18) Pathogenesis of shock syndrome,
 - 19) Pediatric trauma,
 - 20) Family violence,
 - 21) Organ procurement,
 - 22) Legal issues,
 - 23) Kinematics,
 - 24) Hypothermia,
 - 25) Trauma in the elderly, and
 - 26) Complications of trauma.
- d) The TNS course shall include eight hours of supervised observational experience from among the following areas:
- 1) Pre-hospital;
 - 2) Critical care; or
 - 3) Emergency Department.
- e) Testing
- 1) A written pre-test consisting of a minimum of 100 multiple choice questions developed by the TNSCC and approved by the Department shall be administered on the first day of class. The TNSCC shall develop the questions based upon the topic outlines and objectives of the curriculum.
 - 2) A practical examination shall be administered at the conclusion of the didactic sessions and clinical experience. The practical examination shall consist of a simulated trauma patient assessment station at which the student will evaluate and stabilize a simulated critically injured patient.
 - A) The student shall have a maximum of ten minutes to evaluate and stabilize the patient.
 - B) The student shall be rated on Primary Patient Assessment, Secondary Patient Assessment, Management, Stabilization, and Supervision and Leadership, in accordance with the Trauma Nurse Specialist Course Practical Examination Grading Form developed and provided by the Department along with the TNSCC.
 - C) A student who receives a failing grade on the practical examination shall be given one opportunity to repeat the practical examination. A failing grade is defined as failure to attain at least 80 percent overall and/or failure to pass all lifesaving techniques asterisked on the Clinical Examination Grading Form.
 - 3) A student who has successfully completed the didactic sessions and clinical experience shall be eligible to take the final written examination. This final examination shall consist of 150

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multiple choice questions developed by the TNSCC using the objectives and topics of the TNS curriculum and approved by the Department. A score of 80 percent or above shall be a passing grade.

A) A student shall be given one opportunity to retake the final written examination within ten days after the original examination date.

B) The TNSCC shall extend the ten day retake period on an individual basis for reasons of a death in the student's family, or illness or injury to the student or student's family.

4) Each TNS course site shall offer practical and final written examinations based upon Regional needs.

5) Any individual who has met the admission requirements provided in subsection (b) of this Section has the option of taking the TNS Practical Examination and final written examination without having completed the didactic sessions or clinical experience. The individual must file a request for this testing option with the TNS Training Site at least 30 days prior to the scheduled practical examinations.

f) Certification as a TNS

1) A student may apply to the Department for certification by submitting:

A) Documentation provided by the TNSCC of receiving a passing score on the final written examination and the practical examination;

B) A fee of \$25.00 in the form of a certified check or money order made payable to the Department (personal checks or cash will not be accepted); and

C) A completed TNS Certification Application form.

2) Certification is effective for four years.

3) After initial recertification, a TNS may apply for recertification by submitting the following at least 40 days but no more than 90 days prior to certification expiration:

A) TNS Certification/Recertification Application;

B) Verification of successful completion of the examination; or

C) Documentation of any 40 hours of continuing education every two years, which may include hours required for ECRN certification, and which must include any of the following:

i) Trauma nursing seminars;

ii) Emergency/perioperative critical care nursing seminars relating to trauma management;

iii) Teaching of trauma or emergency nursing classes;

iv) Basic Trauma Life Support (BMLS), Pre-hospital Trauma Life Support (PHTLS), Pediatric Advanced Life Support (PALS) or Trauma Nurse Core Curriculum (TNCC);

v) Other topics/offering approved by the Department and the TNSCC;

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D) The recertification candidate is responsible for his/her record keeping and submission of continuing education documentation.

g) TNS Recertification

1) All persons certified as Trauma Nurse Specialists on April 15, 1997 shall be considered Trauma Nurse Specialists meeting the requirements of this Part.

2) Initial recertification will occur by Region beginning in 1999.

3) Standardized renewal dates will be assigned per Region by the TNSCC.

4) The TNS final written examination will be used for initial recertification.

5) A TNS certification will be effective for four years.

6) The certificate of a TNS who has failed to file an application for recertification shall terminate on the day following the expiration date shown on the certificate.

h) Department-issued certificate of completion for a Department-sponsored trauma nurse specialist course completed prior to the adoption of this Section shall be recognized as equivalent to the Certificate of TNS Course Completion issued pursuant to this Part.

i) Inactive Status

1) Prior to the expiration of the current certification, a TNS may request to be placed on inactive status. The request shall be in writing, on a form prescribed by the Department, and shall contain the following information:

A) Name of individual;

B) Date of certification;

C) Circumstances requiring inactive status, and

D) A statement that recertification requirements have been met by the date of the application for inactive status.

2) The Department will review requests for inactive status. The Department shall notify the individual TNS in writing of its decision based on subsection (i)(1) of this Section.

3) For the TNS to return to active status, the application must be in writing and include a statement that the TNS's knowledge and clinical skills are at the active TNS level, and that the TNS has completed any refresher training deemed necessary by the respective TNSCC.

4) During inactive status, the individual shall not function as a TNS.

i) A TNS whose certification has expired may, within 60 days after certification expiration, submit all recertification material as required in this Section and a fee of \$25.00 in the form of a certified check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the TNS, the Department will recertify the TNS.

(Source: Added at 21 Ill. Reg. 5170, effective

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Section 515.760 Trauma Nurse Specialist Program Plan

A. Trauma Nurse Specialist (TNS) Program Plan shall contain the following information:

- a) The name, address and fax number of the TNS Site Hospital;
- b) The name(s) and resume(s) of the TNS Course Coordinator(s) (TNSCC):
- c) Current letter(s) of commitment from the following persons at the TNS Site Hospital that describe the commitment of the writer and his or her office to the development and ongoing operation of the TNS Program and that state the writer's understanding of and commitment to TNS Program staffing and educational requirements:

- 1) The Chief Executive Officer of the hospital; and
- 2) The Administrative Representative responsible for the TNS program;

d) A letter of commitment from the above administrator that describes the TNS site's agreement to:

- 1) Be responsible for providing initial TNS education and continuing education per Region needs, including coordinating didactic and clinical experiences;

2) Provide travel and meeting time and expenses; clerical support including access to a computer with word processing and data base management capabilities; audiovisual equipment; printing; and training aides;

3) Ensure that the Department has access to all TNS program records under the authority of the TNS site during any Department inspection, investigation or site survey;

4) Notify the Department of any known changes in TNS personnel;

5) Be responsible for the total management of the TNS Program at that site and collaborative management of the TNS Program with all TNSCCs and the Department;

6) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every TNS within the Region (in collaboration with TNSCCs); and

7) Be responsible for compliance with the provisions of Section 515.750 of this Part.

e) The TNS Program Manual that shall be maintained at each TNS site and shall include the following:

1) Education and Training

A) Content and curricula of the TNS educational/certification program including:

- i) Entrance and completion requirements;
- ii) Program schedules;
- iii) Goals and objectives;
- iv) Subject areas;
- v) Didactic requirements, including skills laboratories;
- vi) Clinical requirements;

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vii) Testing formats.

B) Continuing education for TNSs including:

- i) Recertification requirements (hours, types of programs, etc.);
- ii) Site program for TNS participants: types of activities covered (e.g., trauma case review, morbidity and mortality conferences, grand rounds, etc.);
- iii) Requirements for approval of academic course work;
- iv) Didactic programs offered by the site;
- v) Clinical opportunities available within the Region;
- vi) Record-keeping requirements for the individual.

C) Renewal Protocols

- i) Examination requirements for TNSs;
- ii) Procedures for renewal of TNSs;
- iii) Submission of transaction cards for TNSs meeting renewal requirements;
- iv) Providing Department renewal application forms to TNSs who have not met renewal requirements according to Region records.

D) TNS education and information, including:

- i) Distribution of policy and protocol changes;
- ii) Methods for communicating updates on site and Regional activities, and other matters of medical, legal and/or professional interest;
- iii) Locations of resource materials, forms, schedules, etc.

2) Quality improvement measures should be performed on a semiannual basis and be available upon Department request.

3) Any procedures regarding disciplinary and/or suspension decisions and the review of those decisions that the site has elected to follow in addition to those required by the Act.

4) The responsibilities of the TNSCC, as designated by the Department, including:

- A) Curriculum development and maintenance;
- B) Creation and maintenance of the program policies and procedures;
- C) Planning, organizing, implementing and evaluating the TNS course at that site;
- D) Planning, organizing, implementing and evaluating continuing education offerings in their Regions;
- E) Maintenance of a TNS data base within their Region to facilitate TNS recertification;
- F) Archive TNS training records including: curriculum, handouts, and participant information for minimum of 7 years;
- G) Attendance at 75 percent of bimonthly scheduled meetings.

5) All TNS sites in existence upon adoption of this Section shall submit to the Department a revised Program Plan that conforms to

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requirements of this Part. The Department will approve Program Plans that meet the requirements of this Part.

(Source: Added at 21 Ill. Reg. 5170 effective
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SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.800 Vehicle Service Provider Licensure

- a) An application for a Vehicle Service Provider License shall be submitted on a form prescribed by the Department. The application shall include, but not be limited to, licensee name, address and telephone number; and, for each vehicle to be covered by the license, make, model, year, identification number, State vehicle license number and level of service (BLS, ILS or ALS).
- b) The application shall be accompanied by a fee of \$25 for each vehicle included in the license application up to 20 vehicles. A fee of \$500 shall be submitted for applications with 20 or more vehicles.
- c) An application for license renewal shall be submitted to the Department in accordance with subsections (a) and (b) of this Section at least 60 days but no more than 90 days prior to license expiration.
- d) The Department shall issue a license valid for one year if, after inspection, the Department finds that the vehicle service provider is in compliance with the Act and this Part.
- e) The Department shall have the right to make inspections and investigations as necessary to determine compliance with the Act and this Part. Pursuant to any inspection or investigation, a licensee shall allow the Department access to all records, equipment and vehicles relating to activities addressed by the Act and this Part.
- f) Each license is issued to the licensee for the vehicles identified in the application. The licensee shall notify the Department, in writing, within ten days after any changes in the information on the application. Additional vehicles shall not be put in service until an application is submitted with the proper fee and an inspection is conducted. To change a vehicle's level of service, notification must be made in accordance with subsection (g) of this Section.
- g) Each vehicle covered by an ambulance service provider license shall be approved by the Department to operate at a specific level of service (BLS, ILS or ALS). To change the level of service for a specific vehicle:
 - 1) The licensee shall submit a written request to the EMS Medical Director.
 - 2) The EMS Medical Director shall submit a copy of that request to the Department, along with written verification that the licensee meets the equipment and staffing requirements of this Part and the EMS System Plan for the requested level of services.
 - 3) The Department shall then amend the provider license and vehicle

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- certificate to reflect the new level of service.
- h) All Vehicle Service Providers shall function within an EMS System. (Section 3.85(b)(1) of the Act)
 - i) A Vehicle Service Provider utilizing ambulances shall have a primary affiliation with an EMS System within the EMS Region in which its Primary Service Area is located. This does not apply to Vehicle Service Providers which exclusively utilize Limited Operation Vehicles. (Section 3.85(b)(2) of the Act)
 - j) A Vehicle Service Provider is prohibited from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the Provider's type and level of vehicles, location, primary service area, response times, level of personnel, licensure status or System participation. (Section 3.85(b)(10) of the Act)

(Source: Added at 21 Ill. Reg. 5170 effective
APR 15 1997)

Section 515.810 EMS Vehicle System Participation

For each EMS vehicle participating within the System, the following documentation shall be provided:

- a) A list of the following:
 - 1) The year, model, make, and vehicle identification number;
 - 2) The license plate number;
 - 3) The Department license number;
 - 4) The base location address; and
 - 5) The level of service (advanced, intermediate or basic);
- b) A description of the vehicle's role in providing advanced life support, intermediate life support, basic life support and patient transport services within the System;
- c) Definitions of the primary, secondary and outlying areas of response for each EMS vehicle used within the System;
- d) A map or maps indicating the base locations of each EMS vehicle, the primary, secondary and outlying areas of response for each EMS vehicle, the population base of each service area and the square mileage of each service area;
- e) A commitment to optimum response times up to six minutes in primary coverage areas, six to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas;
- f) A commitment to 24-hour coverage;
- g) A commitment that within one year after Department approval of a new or upgraded vehicle service, each ambulance at the scene of an emergency and during transport of emergency patients to and between hospitals will be staffed in accordance with the requirements of Section 515.830(f)(1) and (2) of this Part;
- h) Copies of written mutual aid agreements with other providers and/or a description of the provider's own back-up system, which detail how adequate coverage will be ensured when an EMS vehicle is responding to

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a call and a simultaneous call is received for service within that vehicle's coverage area;

l) A statement that emergency services that an EMS vehicle is authorized to provide shall not be denied on the basis of the patient's inability to pay for such services;

j) An agreement to file an appropriate EMS run sheet or form for each emergency call, as required by the System;

k) An agreement to maintain the equipment required by Section 515.830 of this Part and by the System in working order at all times, and to carry the medication as required by the System;

l) An agreement to notify the EMS Medical Director of any changes in personnel providing pre-hospital care in the System in accordance with the policies in the System Manual;

m) A copy of its current FCC license(s);

n) A description of the mechanism and specific procedures used to access and dispatch the EMS vehicles within their respective service areas;

o) A list of all personnel providing pre-hospital care, their license numbers, expiration dates and levels of licensure (EMT-B, EMT-I, EMT-P), and their Pre-Hospital RN or MD status;

p) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;

q) An agreement to allow the EMS Medical Director or designee access to all records, equipment and vehicles relating to the System during any inspection or investigation by the EMSMD or designee to determine compliance with the System Program Plan;

r) Documentation that its communications capabilities meet the requirements of Section 515.410 of this Part;

s) Documentation that each EMS vehicle participating in the System complies with the vehicle design, equipment and extrication criteria as provided in Section 515.830(a)(1) and (b) of this Part; and

t) An agreement to follow the approved EMS policies and protocols of the System.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License

a) The Director shall, in accordance with Section 515.160 of this Part and after providing notice and an opportunity for an administrative hearing to the applicant or licensee, deny, suspend, revoke or refuse to renew a vehicle service provider license in any case in which it is found that the applicant, licensee or vehicles fail to comply with the requirements of the Act or this Part.

b) If the failure to comply relates only to one or more specific vehicles operated by the applicant or licensee, and the applicant or licensee

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has one or more vehicles that are in compliance, the Director's action shall be limited to those vehicles which fail to comply with the Act or this Part.

c) If the failure to comply concerns all of the provider's vehicles or the provider's operation as a whole, the Director's action shall cover the entire vehicle service provider license.

d) In the event that an immediate and serious danger to the public health, safety or welfare exists, the Director shall issue an emergency suspension order for any provider or vehicle licensed under the Act and this Part. (Section 3-85(b)(7) of the Act) Subsequent to the emergency suspension order, the Director shall promptly initiate proceedings to revoke or suspend the license or portion thereof and provide the licensee with an opportunity for an administrative hearing. The emergency suspension shall remain in effect throughout the course of such proceedings, unless the Director lifts the suspension order after determining that the emergency situation has been corrected or remedied. In determining whether to lift the suspension, the Director will consider whether patient care is compromised.

e) All administrative hearings conducted pursuant to this Section shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.830 Ambulance Licensing Requirements

a) Vehicle Design

1) Each new vehicle used as an ambulance after April 15, 1997 shall comply with the criteria established by the U.S. General Services Administration's Specification for Ambulance (KKR-A-1822D), with the exception of Section 3.16.2, Color, Paint and Finish.

2) A licensed vehicle shall be exempt from subsequent vehicle design standards or specifications required by the Department in this Part, as long as said vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until said vehicle's title of ownership is transferred. (Section 3.85(b)(8) of the Act)

3) The following requirements listed in Specification KKR-A-1822D shall be considered mandatory in Illinois even though they are listed as optional in that publication:

A) 3.7.7.1 Each vehicle will be equipped with either a battery charger or battery conditioner (see 3.15.3 item 7).

B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).

C) 3.12.1 An oxygen outlet will be provided above the secondary

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patient (see 3.15.4 M9).
 D) 3.15.4M3 Electric clock with sweep second hand will be provided.

4) An "End Stop" device may be placed at the forward edge of the squad bench to prevent the secondary patient from forward motion due to severe braking or in a frontal impact accident when a long backboard is used. This device can be fixed or removable.

b) Equipment Requirements - Basic Life Support Vehicles
 Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:

1) Stretchers, Cots, and Litters

A) Primary Patient Cot

Must meet the requirements of sections 3.11.5, 3.11.8.1 of KKK-A-1822D.

B) Secondary Patient Stretcher

Must meet the requirements of sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822D.

2) Oxygen, portable

Must meet the operational requirements of section 3.12.2 of KKK-A-1822-B.

3) Suction, portable

A) Must meet the operational requirements of section 3.12.4 of KKK-A-1822D.

B) A manually operated suction device is acceptable if approved by the Department.

4) Medical Equipment

A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask ventilation unit with child and infant size transparent masks

B) Lower-extremity traction splint, adult and pediatric sizes

C) Blood pressure cuff, one each, adult, child and infant sizes and gauge

D) Stethoscopes, two each

E) Pneumatic counterpressure trouser kit, adult size, optional

F) Long spine board with three sets of torso straps, 72" x 16" minimum

G) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one each chin and head strap or equivalent vest type (wrap around) extrication device optional

H) Airway, oropharyngeal - adult, child, and infant sizes

I) Airway, nasopharyngeal with lubrication, sizes 12-30F

J) Bandage shears, one each

K) Extremity splints, adult, two each long and short

L) Extremity splint, pediatric, two each long and short

M) Rigid cervical collars - one each, pediatric, small, medium, and large sizes. Shall be made of rigid material to minimize flexation, extension, and lateral rotation of the

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head and cervical spine when spine injury is suspected

Patient restraints, arm and leg, sets

5) Medical Supplies

A) Trauma dressing - six each

B) Sterile gauze pads - 20 each, 4 inches by 4 inches

C) Bandages, soft roller, self-adhering type, ten each, 4 inches by 5 yards

D) Vaseline gauze - two each, 3 inches by 8 inches

E) Adhesive tape rolls - two each

F) Triangular bandages or slings - five each

G) Burn sheets - two each, clean, individually wrapped

H) Sterile solution (normal saline) - four each, 500 cc or two each, 1,000 cc plastic bottles or bags

I) Aluminum foil roll or Silver Swaddler - one each with head cover

J) Obstetrical kit, sterile - one each, pre-packaged with instruments

K) Cold packs, three each

L) Hot packs, three each, optional

M) Emesis basin - one each

N) Drinking water - 1 quart, in nonbreakable container; sterile water may be substituted

O) Ambulance emergency run reports - ten each, on a form prescribed by the Department or one that contains the data elements from the Department-prescribed form as described in Section 515.Appendix E of this Part

P) Pillows - two each, for ambulance cot

Q) Pillowcases - two each, for ambulance cot

R) Sheets - two each, for ambulance cot

S) Blankets - two each, for ambulance cot

T) CPR mask - one each, with safety valve to prevent backflow of expired air and secretions

U) Urinal

V) Bedpan

W) Remains bag, optional

X) Nonporous disposable gloves

Y) Impermeable red biohazard-labeled isolation bag

Z) Face protection through any combination of masks and/or eye protection and/or field shields

AA) Suction catheters - sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three each tonsil tip semi-rigid pharyngeal suction tip catheters; all must have a thumb

suction control port

BB) Child/infant car seat

CC) Equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart

DD) Poison Control Resource Phone Number

EE) Plastic baby bottle with nipple for glucose feeding

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- FF) Flashlight, one each, for patient assessment
 GG) One each adult, child and neonate sized oxygen masks that are semi-open, valveless, transparent and disposable
 HH) Three each nasal cannulas
 I) Equipment Requirements - Intermediate and Advanced Life Support Vehicles
 Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) of this Section and shall also comply with the equipment and supply requirements as determined by the EMS Medical Director in the System in which the ambulance and its crew participate. Drugs shall include both adult and pediatric dosages.
 J) Equipment Requirements - Rescue and/or Extrication
 The following equipment will be carried on the ambulance, unless it is routinely accompanied by a rescue vehicle:

- 1) Wrecking bar, 24"
 - 2) Goggles for eye safety
 - 3) Flashlight - one each, portable, battery operated
 - 4) Fire Extinguisher - 2 each, ABC dry chemical, minimum 5 pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment
- K) Equipment Requirements - Communications Capability
 Each ambulance must have ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400 of this Part.

L) Personnel Requirements

- 1) Each ambulance shall be staffed by a minimum of two EMTs, Pre-Hospital RNs or physicians on all emergency calls.
 - 2) Each Basic Life Support vehicle using automated defibrillation shall be staffed by a minimum of one EMT-B approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
 Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one EMT-I, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician. Each ILS vehicle using automated defibrillation shall be staffed by a minimum of one EMT-I approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician. Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one EMT-P, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
 - 4) Each ambulance provider that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care at the scene and enroute to a hospital meets the requirements of this Subpart.
- M) Operational Requirements
 1) Any operation of an ambulance while transporting a patient to a

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- hospital shall be done in accordance with the requirements of the Act and this Part.
 2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as required below, each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS or BLS level, and such coverage will meet the requirements of this Section.

A) At the time of application for initial or renewal licensure, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.

- i) A current roster shall also be submitted, which lists the EMTs, Pre-Hospital RNs and/or physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, and daytime telephone number, and shall state whether such person is generally scheduled to be on site or on call.
 An actual or proposed four-week staffing schedule shall also be submitted, which covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.
- B) Licensees shall be required to obtain the EMS Medical Director's approval of their vehicles' hours of operation prior to submission to the Department. An EMS Medical Director may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.
- C) A licensee that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in such advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day.
 For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515.810(h).Appendix E.
- 4) A licensee shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for such service.
- 5) A licensee shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h) of this Part.)

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6) A licensee shall operate its ambulance at a level not exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless such vehicle is operated pursuant to an EMS System-approved in-field service level upgrade.

h) A licensee may use a replacement vehicle for up to ten days without a Department inspection provided that the Department is notified of the use of the vehicle by the second working day.

AGENCY NOTE: Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY
MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section 515.900 Licensure of SEMSV Programs - General

a) No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise or otherwise be engaged in the provision of emergency medical care or transportation to a sick or injured patient using a Specialized Emergency Medical Services Vehicle (SEMSV), unless currently licensed by the Department pursuant to this Subpart. This requirement applies to:

1) Any air medical service that may pick up a patient within the State of Illinois; and

2) Any provider that advertises that it provides air medical transport services, regardless of its base of operation, location of vehicle registration, or percentage of vehicle use for air medical transport.

b) An application for licensure shall be filed with the Department by submitting a Program Plan that includes the information required in this Part. The Program Plan shall be signed by the SEMSV Medical Director and the EMS Medical Director of the EMS System of which the SEMSV Program is a part. (See Section 515.920(a) of this Part.)

c) Each licensure shall be valid for a period of one year from the date of issuance, unless suspended or revoked.

d) Each license shall be issued to the program named in the application for the specific vehicle(s) identified in the application and shall not be assignable or transferable.

e) An application for renewal of licensure shall be filed with the Department at least 30 days prior to the expiration date on a form prescribed by the Department. The renewal application shall be accompanied by photocopies of any current licenses or certificates required of SEMSV personnel by the provisions of this Part (see Sections 515.920(e), 515.935, 515.940(a) of this Part) and verification that SEMSV personnel continuing education required by the

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provisions of this Part have been met. (See Section 515.930(d) of this Part.) Each renewed license shall be valid for a period of one year from the date of issuance, unless suspended or revoked.

f) The Department shall inspect any vehicles, equipment, records or other documents covered by the licensed or applicant SEMSV Program annually to determine initial or continued compliance with the requirements of the Act or this Part.

(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

Section 515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure

a) The Director may issue an Emergency Suspension Order for any provider or vehicle licensed under this Part or the Act, when the Director or his designee has determined that an immediate and serious danger to the public health, safety and welfare exists. Suspension or revocation proceedings which offer an opportunity for hearing shall be promptly initiated after the emergency suspension order has been issued. (Section 3.85(b)(7) of the Act)

b) The Department, in accordance with Section 515.160 of this Part, after notice and an opportunity for hearing, shall deny an application for licensure or renewal, suspend or revoke a license when the applicant or license holder has failed to meet or has violated any of the requirements of the Act or this Part, or any SEMSV personnel, during the provision of emergency services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, such as not meeting the requirements of the Act, charging for services or equipment not provided or used, or using unqualified personnel as provided in Section 515.940.

c) All hearings shall be governed by the Department's Rules of Practice and Procedures in Administrative Hearings (77 Ill. Adm. Code 100). Upon receipt of a notice to deny, nonrenew, suspend or revoke, the applicant or certificate holder shall have 15 days in which to request such a hearing.

(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

Section 515.920 SEMSV Program Licensure Requirements for All Vehicles

a) The SEMSV Program shall be part of a Department-approved EMS System.

b) The SEMSV program shall meet and comply with all State and federal requirements governing the specific vehicles employed in the program. (See Section 515.930, 515.945, or 515.970 of this Part.)

c) The SEMSV Program shall comply with this Part during its hours of

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operation. The SEMSV Program shall operate 24 hours per day, every day of the year, in accordance with weather conditions, except when the service is committed to another medical emergency request, or is unavailable due to maintenance requirements.

- d) The SEMSV Program shall provide pre-hospital emergency services within its service area on a per-need basis without regard to the patient's ability to pay for such service.

- e) The SEMSV Program shall be supervised and managed by a Medical Director, who shall be a physician who has met at least the following requirements:

- 1) Educational experience in those areas of medicine that are commensurate with the mission statement of the medical service (e.g., trauma, pediatric, neonatal, obstetrics) or utilize specialty physicians as consultants when appropriate;

- 2) Training and experience in Advanced Cardiac Life Support (ACLS), such as the American Heart Association's ACLS course or equivalent education;

- 3) Training and experience in Pediatric Advanced Life Support (PALS), such as the American Heart Association PALS course or ASEP/American Academy of Pediatrics Advanced Pediatric Life Support Course or equivalent education;

- 4) Training and experience in Advanced Trauma Life Support (ATLS), such as the American College of Surgeons' ATLS course or equivalent education;

- 5) In programs using air vehicles, documentation, such as certificates of completion in course work designed to bring about:

- A) Experience and knowledge in inflight treatment modalities;
- B) Experience and knowledge in altitude physiology;
- C) Experience and knowledge in infection control as it relates to airborne and intra-facility transportation; and

- D) Experience and knowledge in stress management techniques.

- 6) In programs using watercraft, documentation, such as certificates of completion in course work designed to bring about:

- A) Experience and knowledge in treating persons suffering from drowning (cold, warm, fresh and salt water); and
- B) Experience and knowledge in diving accident physiology and treatment.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.930 Helicopter and Fixed-Wing Aircraft Requirements

In addition to the requirements specified in Sections 515.900 and 515.920 of this Part, an SEMSV Program using helicopters or fixed-wing aircraft shall submit a Program Plan that includes the following:

- a) Documentation of the Medical Director's credentials as required by

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Section 515.920(e) of this Part, and a statement signed by the Medical Director containing his or her commitment to the following duties and responsibilities:

- 1) Supervising and managing the program;
- 2) Supervising and evaluating the quality of patient care provided by the aeromedical crew;
- 3) Developing written treatment protocols and standard operating procedures to be used by the aeromedical crew during flight;
- 4) Developing and approving a list of equipment and drugs to be available on the SEMSV during patient transfer;
- 5) Providing periodic review, at least monthly, of patient care provided by the aeromedical crew;
- 6) Providing for the continuing education of the aeromedical team;
- 7) Providing medical advice and expertise on the use, need and special requirements of aeromedical transfer;
- 8) Submitting documentation assuring the qualifications of the aeromedical crew;
- 9) Notifying the Department when the primary SEMSV is unavailable in excess of 24 hours, stating the reason for unavailability, the expected date of return to service, and the provisions made, if any, for replacement vehicles;
- 10) Assuring appropriate staffing of the SEMSV, with a minimum of one EMS pilot and one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports. Two EMS pilots shall be used for fixed-wing aircraft or helicopters requiring such staffing. Additional aeromedical personnel may be required at the discretion of the SEMSV Medical Director. The Medical Director shall provide the Department with a list of all approved pilots and aeromedical crew members, and shall update the list whenever a change in such personnel is made;
- b) The SEMSV Medical Director's list of required medical equipment and drugs for use on the aircraft (see Section 515.950);
- c) The SEMSV Medical Director's treatment protocols and standard operating procedures;
- d) The curriculum and requirements for orientation and training, including mandatory continuing education for all aeromedical crew members consisting of at least 16 hours in specialized aeromedical transportation topics, eight hours of which may include quality assurance reviews;
- e) A description of the communications system accessing the aeromedical dispatch center, the medical control point, receiving and referring agencies (see Section 515.960 of this Part);
- f) A description and map of the service area for each vehicle;
- g) A description of the EMS System's method of providing emergency medical services using the SEMSV Program; and
- h) The identification number and description of all vehicles used in the program.

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(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

Section 515.935 EMS Pilot Specifications

- a) EMS pilot approval for helicopters and fixed-wing aircraft shall be valid for a period of one year and may be renewed by the Medical Director if the pilot has completed renewal training, which shall include but is not limited to the requirements of subsections (b)(1) and (5)(A) through (H) or subsections (c)(1) and (3)(A) through (F) of this Section.
- 1) For helicopter programs only:
 - A) Four EMS pilots per helicopter, excluding relief support, shall be dedicated to the SEMSV Program.
 - B) An EMS pilot assigned to SEMSV duty shall be physically present at the aircraft base to assure timely response.
 - C) An EMS pilot assigned to SEMSV duty shall be provided with work space to carry out assigned duties. In the event that duty time exceeds 12 continuous hours, separate sleeping quarters shall be provided to assure physical rest.
 - 2) For fixed-wing programs only: One EMS pilot per aircraft who will respond within one-half hour from the receipt of the request.
 - b) Each EMS pilot assigned to a helicopter shall be approved by the Medical Director and shall meet the following requirements:
 - 1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135).
 - 2) A minimum of 2000 rotorcraft flight hours as pilot-in-command, including:
 - A) Factory school or equivalent (ground and flight);
 - B) Five hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a single engine helicopter, from a twin to a single engine helicopter, or from a twin to a twin engine helicopter;
 - C) Ten hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a twin engine aircraft.
 - 3) A minimum of five hours day/night area flight orientation and, in the judgement of the SEMSV Medical Director, special terrain flight orientation.
 - 4) Instrument Flight Rules (IFR) certification by the Federal Aviation Administration (IFR Currency is recommended).
 - 5) Provide documentation of completion of training that includes but is not limited to the following:
 - A) Judgement and decision making;
 - B) Local routine operating procedures, including day and night operations;
 - C) Flight by reference to instruments, including Instrument

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(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

- Meteorological Conditions (IMC) recovery;
- D) Regional area weather phenomena;
 - E) Area terrain hazards;
 - F) Scene procedures;
 - G) EMS System and SEMSV Program communications requirements; and
 - H) Orientation to each hospital/pre-hospital health care system affiliated with the SEMSV Program.
- c) Each pilot assigned to a fixed-wing aircraft shall be approved by the Medical Director and shall meet the following requirements:
- 1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135);
 - 2) The pilot shall have a commercial pilot certificate with a minimum of 2000 flight hours as pilot-in-command and an airplane multi-engine land instrument rating, with a minimum of 250 hours of instrument flying time, to include no more than 125 hours of simulated time and 100 night flight hours and 25 hours in the specific make and model of aircraft before flying as the pilot-in-command on patient missions, or completion of a commercially established training program for the specific make and model air craft and the successful completion of the check ride;
 - 3) Provide documentation of completion of training that includes but is not limited to the following:
 - A) Judgement and decision making;
 - B) Local routine operating procedures, including day and night operations;
 - C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;
 - D) Regional area weather phenomena;
 - E) Area terrain hazards; and
 - F) EMS System and SEMSV Program communications requirements.
- (Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.940 Aeromedical Crew Member Training Requirements

- a) Except as provided for by subsection (b) of this Section, each aeromedical crew member assigned to a helicopter or fixed-wing aircraft shall be approved by the Medical Director and shall meet the following requirements:
- 1) Be an EMT-P, registered nurse or a physician.
 - 2) Provide documentation of completion of didactic training that includes but is not limited to the following:
 - A) Advanced life support;
 - B) Cardiac emergencies;
 - C) Traumatic emergencies;

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- D) Pediatric emergencies.
 E) Obstetrical emergencies.
 F) Neonatal emergencies.
 G) Psychiatric emergencies.
 H) Crisis intervention.
 I) Infection control.
 J) Altitude physiology.
 K) Advanced surgical and airway management techniques.
 L) Environmental emergencies.
 M) Flight safety.
 N) Aircraft emergencies.
 O) Radio communications.
 P) Rescue and survival techniques.
 Q) Record keeping, and
 R) Legal aspects.

3) Provide documentation of completion of clinical training appropriate for the scope of care of the air medical service that includes but is not limited to the following:

- A) Emergency/trauma care.
 B) Critical/intensive care (adult, pediatric, neonatal).
 C) Obstetrics.
 D) Invasive procedure labs, including tracheal intubations, and
 E) Pre-hospital care.

4) Yearly completion of the continuing education requirements as described in Section 515.930(d) of this Part.

- b) In addition to at least one aeromedical crew member for Basic Life Support who has met the requirements of subsection (a) of this Section, and two aeromedical crew members for Advanced Life Support or critical care transport missions who have met the requirements of subsection (a) of this Section, the Medical Director may approve and assign additional crew members to a helicopter or fixed-wing aircraft. Such additional crew members shall meet the following requirements:

1) Provide documentation of completion of training that includes but is not limited to the following:

- A) General patient care in-flight.
 B) Aircraft emergencies.
 C) Flight safety.
 D) EMS system and SMSV Program communications.
 E) Use of all patient care equipment, and
 F) Rescue and survival techniques.

2) Yearly completion of the continuing education requirements as described in Section 515.930(d) of this Part.

(Source: Added at 21 Ill. Reg. 5170, effective
 APR 15 1997)

Section 515.945 Aircraft Vehicle Specifications and Operation

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- a) All vehicles shall meet the requirements of subparts A, B, C, and D of Air Taxi Operations and Commercial Operators (14 CFR 135).
 b) All vehicles shall have communication equipment to permit both internal crew and air-to-ground exchange of information between individuals and agencies, including at least those involved in SMSV medical control within the EMS System, the flight operations center, air traffic control and law enforcement agencies.
 c) All vehicles shall be designed to allow the loading and unloading of the patient without rotating the patient more than 30 degrees along the longitudinal axis or 45 degrees along the lateral axis.
 d) All vehicles shall be climate controlled to prevent temperature extremes that would adversely affect patient care in the judgement of the Medical Director.
 e) All vehicles shall have interior lighting to permit patient care to be given and patient status to be monitored without interfering with the pilot's vision.
 f) All vehicles shall carry survival equipment including but not limited to:
 to:
 1) Two sources of heat or fire.
 2) Two forms of signaling device.
 3) Equipment to provide shelter: blanket, nylon cord and adhesive tape.
 4) Knife and fishing kit, and
 5) Food and water supply.
 g) All patients shall be restrained to the helicopter or fixed-wing aircraft litter in order to assure the safety of the patient and crew.
 h) For helicopter programs:
 1) There shall be at least one single-engine aircraft.
 2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports.
 3) Each vehicle shall be equipped with flight reference instruments to allow recovery from inadvertent Instrument Flight Rules (IFR) situations.
 4) Each vehicle shall be equipped with a searchlight pivoting at least 180 degrees horizontal and 90 degrees vertical, controlled by the pilot without removing hands from the flight controls.
 5) The cockpit shall be isolated by a protective barrier to minimize inflight distraction or interference.
 6) All medical equipment, supplies and personnel shall be secured and/or restrained.
 i) For fixed-wing aircraft programs:
 1) There shall be at least one twin-engine aircraft.
 2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports.

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- 3) The aircraft shall be IFR equipped and certified.
- 4) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in approved racks or compartments or by strap restraint.

(Source: Added at 21 Ill. Reg. 5170, effective April 3, 1997)

Section 515.950 Aircraft Medical Equipment and Drugs

- a) Each helicopter or fixed-wing aircraft shall be equipped with medical equipment and drugs that are appropriate for the various types of missions to which it will be responding, as specified by the SEMSV Medical Director.

- b) The SEMSV Medical Director shall submit for approval to the Department a list of medical equipment and drugs to be taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route.

- c) The Department's approval shall be based on, but not limited to:

- 1) Length of time of the mission;
- 2) Possible environmental or weather hazards;
- 3) Number of individuals served; and
- 4) Medical condition of individuals served.

(Source: Added at 21 Ill. Reg. 5170, effective April 3, 1997)

Section 515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs

- a) For helicopter programs:

- 1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).
- 2) One certified airframe and power plant (A & P) mechanic with two years experience for each helicopter shall be available and dedicated to the program 24 hours per day.
- 3) Mechanics shall have completed factory-provided training for the makes and models of aircraft used in the SEMSV program.
- 4) Back-up maintenance support shall be available when the primary mechanic is unavailable or during times of extensive maintenance needs.
- 5) Hangar facilities shall be available for major maintenance activities, as specified in manufacturer's requirements. These facilities need not be located at the base of operations.
- 6) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by

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the aircraft manufacturer.

- b) For fixed-wing aircraft programs:

- 1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).
- 2) Mechanics shall be certified A & P with two years experience, and shall have completed training for the make and model of aircraft used by the SEMSV program.
- 3) Hangar facilities shall be available for major maintenance activities as specified in manufacturer's requirements.
- 4) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by the aircraft manufacturer.

(Source: Added at 21 Ill. Reg. 5170, effective April 3, 1997)

Section 515.960 Aircraft Communications and Dispatch Center

- a) The SEMSV Program shall have a designated person assigned and available 24 hours per day every day of the year to receive and dispatch all requests for aeromedical services. For fixed-wing aircraft programs, a telephone answering service may be used.

- b) Training of the designated person shall be commensurate with the scope of responsibility of the communications center and pertinent to the air medical service, including:

- 1) EMT licensure or the equivalent in knowledge or experience;
- 2) Knowledge of Federal Aviation Regulation and Federal Communications Commission regulations;
- 3) General safety rules, emergency procedures and flight following procedures;
- 4) Navigation techniques/terminology and understanding weather interpretation;
- 5) Types of radio frequency bands used; and
- 6) Stress recognition and management.

- c) The dispatch center shall have at least one dedicated telephone number for the SEMSV program.

- d) A pre-arranged emergency plan shall be in place to cover situations in which an aircraft is overdue, radio communication cannot be established, or an aircraft location cannot be verified.

- e) A back-up power source shall be available for all communications equipment used at the SEMSV medical control point.

- f) A system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings shall be kept for 30 days.

- g) In addition, for helicopter programs:

- 1) The dispatch center shall have the capability to communicate with the aircraft pilot and aeromedical crew for nonmedical purposes on a separate designated frequency.

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- 2) Continuous flight following every 15 minutes shall be maintained and documented.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.965 Watercraft Requirements

In addition to the requirements specified in Sections 515.900 and 515.920 of this Part, an SEMSV Program using watercraft shall submit a program plan that includes the following:

- a) Documentation of the Medical Director's credentials as required by Section 515.920(e) of this Part, and a statement signed by the Medical Director containing his or her commitment to the following duties and responsibilities:

- 1) Supervising and managing of the program;
- 2) Supervising and evaluating the quality of patient care provided by the watercraft crew;
- 3) Developing written treatment protocols and standard operating procedures to be used by the watercraft crew during vehicle operation;
- 4) Developing and approving a list of equipment and drugs to be available on the SEMSV during patient transfer;
- 5) Providing periodic review, at least quarterly, of patient care provided by the watercraft crew;
- 6) Providing medical advice/expertise on the use, need and special requirements of watercraft transfer;
- 7) Submitting documentation assuring the qualifications of the watercraft crew;
- 8) Assuring appropriate staffing of the SEMSV:

A) Each watercraft crew member assigned to a watercraft shall be approved by the Medical Director, who shall provide the Department with a list of all approved crew members and watercraft operators and update the list whenever a change in such personnel is made.

B) For Advanced Life Support (ALS) operations, the watercraft shall be staffed by a crew of at least one EMT-P, registered nurse or physician, and one other EMT, registered nurse or physician, in addition to the watercraft operator.

C) For Basic Life Support (BLS) operations, the watercraft shall be staffed by a crew of at least two EMTs, registered nurses or physicians, one of whom may also be the watercraft operator.

D) Except as provided for by subsection (a)(8)(E) of this Section, each watercraft crew member shall document the completion of training that includes but is not limited to the following:

- i) Advanced life support,

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- ii) Cardiac support,
- iii) Traumatic emergencies,
- iv) Pediatric emergencies,
- v) Psychiatric emergencies,
- vi) Crisis intervention,
- vii) Infection control,
- viii) Advanced surgical and airway management techniques,
- ix) Environmental emergencies,
- x) Radio communications,
- xi) Rescue and survival techniques,
- xii) Record keeping,
- xiii) Legal aspects,
- xiv) Certification in Advanced Life Saving by the American Red Cross, and
- xv) Completion of a boat safety course conducted pursuant to Section 5-18 of the Boat Registration and Safety Act [625 ILCS 45].

E) In addition to at least two watercraft crew members who have met the requirements of subsections (a)(8)(B) through (D) of this Section, the Medical Director may approve and assign additional watercraft crew members to a watercraft. Such additional watercraft crew members shall document the completion of training that includes but is not limited to the following:

- i) General patient care,
- ii) Watercraft emergencies,
- iii) Completion of a boat safety course conducted pursuant to Section 5-18 of the Boat Registration and Safety Act,
- iv) EMS System and SEMSV Program communications,
- v) Use of all patient care equipment,
- vi) Rescue and survival techniques, and
- vii) Certification in Advanced Life Saving by the American Red Cross.

F) Watercraft operators shall be at least 21 years of age and shall meet the following requirements:

- i) Certification in Advanced Life Saving by the American Red Cross, and
- ii) Completion of a boat safety course conducted pursuant to Section 5-18 of the Boat Registration and Safety Act;

b) The SEMSV Medical Director's list of required medical equipment and drugs for use on the watercraft (see Section 515.975);

c) The SEMSV Medical Director's standing orders (treatment protocols, standard operating procedures);

d) A description of the communications system linking the watercraft with the SEMSV medical control point;

e) A description of the EMS System's method of providing emergency

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medical services using the SEMSV Program:

- f) A description and map of the service area for each vehicle; and
 g) The identification number and description of all vehicles used in the program.

(Source: Added at 21 Ill. Reg. 5170, effective April 15, 1997)

Section 515.970 Watercraft Vehicle Specifications and Operation

- a) All watercraft shall meet the requirements of Article IV of the Boat Registration and Safety Act.

- b) All watercraft shall carry equipment including but not limited to the following:

- 1) One anchor with line attached that is three times the maximum depth of water in the areas of usual operation;
- 2) Two docking fenders;
- 3) Two mooring lines;
- 4) Self or mechanical bailer;
- 5) Search light with a minimum of 200,000 candle power;
- 6) Swim harness attached to 75 feet of tethering line;
- 7) Waterproof flashlight, six volt minimum;
- 8) Basic tool kit, to include at least:
 - A) Wrench, 12 inch with adjustable open end;
 - B) Screw driver, 12 inch with straight blade;
 - C) Locking pliers, minimum length, 10 inches;
- 9) One life jacket for each member of the watercraft crew and two extra adult life jackets;
- 10) Two child life jackets;
- 11) Knife, 6-inch blade, with sheath;
- 12) Boat hook, extendable to at least 10 feet;
- 13) A locking mechanism to secure a stretcher or litter below the gunwale level;
- 14) For watercraft operating on Lake Michigan:
 - A) A UHF/FM marine radio with at least 25 watts of power;
 - B) Eoran Navigational Aid;
 - C) Navigational charts for service area and navigational aids, including compass, and
 - D) Speed capability of 20 knots per hour.

- c) All watercraft shall have communication equipment to assure exchange of information between individuals and agencies, including at least those involved at the SEMSV medical control point within the EMS System, and law enforcement agencies.

(Source: Added at 21 Ill. Reg. 5170, effective April 15, 1997)

Section 515.975 Watercraft Medical Equipment and Drugs

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- a) Each watercraft shall be equipped with medical equipment and drugs that are appropriate for the various types of missions to which it will be responding, as specified by the SEMSV Medical Director.

- b) For ALS operations, the SEMSV Medical Director shall submit for approval a list of supplies available for each mission used. The SEMSV Medical Director shall decide on the medical equipment and drugs taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route.

- c) The Department's approval shall be based on, but not limited to:

- 1) length of time of the mission;
- 2) possible environmental or weather hazards;
- 3) number of individuals served; and
- 4) medical condition of individuals served.

(Source: Added at 21 Ill. Reg. 5170, effective April 15, 1997)

Section 515.980 Watercraft Communications and Dispatch Center

- a) The SEMSV Program shall have a designated dispatch center assigned and available 24 hours per day every day of the year to receive and dispatch all requests for watercraft services.

- b) The communications and dispatch center shall have the ability to communicate with the watercraft for non-medical purposes on a separate designated frequency.

(Source: Added at 21 Ill. Reg. 5170, effective April 15, 1997)

Section 515.985 Off-Road SEMSV Requirements

In addition to the requirements specified in Sections 515.900 and 515.920 of this Part, an SEMSV Program utilizing off-road SEMSV vehicles shall submit a Program plan that includes the following:

- a) Documentation of the Medical Director's credentials as required by Section 515.920(e) of this Part, and a statement signed by the Medical Director containing his or her commitment to the following duties and responsibilities:

- 1) The supervision and management of the program;
- 2) Supervising and evaluating the quality of patient care provided by the off-road SEMSV crew;
- 3) Providing medical advice/expertise on the use, need and special requirements of off-road SEMSV transfer;
- 4) Submitting documentation assuring the qualifications of the off-road SEMSV crew; and
- 5) Assuring appropriate staffing of the off-road SEMSV vehicle;

A) For Advanced Life Support (ALS) operations, the vehicle

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shall be staffed by a minimum of one EMT-P, registered nurse or physician and one other EMT, registered nurse or physician, one of whom may also be the driver of the off-road SEMS vehicle; and

B) For Basic Life Support (BLS) operations, the vehicle shall be staffed by a minimum of two EMTs, registered nurses or physicians, one of whom may also be the driver of the off-road SEMS vehicle;

b) The SEMSV Medical Director's list of required medical equipment and drugs for use on the off-road SEMSV (see Section 515.995 of this Part);

c) The SEMSV Medical Director's standing orders (treatment protocols, standard operating procedures);

d) A description of the communications system linking the off-road SEMSV with the SEMSV medical control point;

e) A description and map of the service area for each vehicle;

f) The identification number and description of all vehicles used in the program;

g) An agreement/contract with a licensed ground provider for transportation of patients; and

h) A description of the EMS System's method of providing emergency medical services using the SEMSV Program.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.990 Off-Road Vehicle Specifications and Operation

a) The off-road SEMSV shall have sufficient space for the vehicle operator, a patient in a supine position, and personnel rendering medical care alongside the patient.

b) Each vehicle shall have a locking mechanism to secure the litter/stretchers or backboard to the off-road SEMSV.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.995 Off-Road Medical Equipment and Drugs

a) Each off-road SEMSV shall be equipped with medical equipment and drugs for the various types of missions to which it will be responding, as specified by the SEMSV Medical Director.

b) For Advanced Life Support (ALS) operations, the SEMSV Medical Director shall submit for approval a list of supplies available for each mission. The SEMSV Medical Director shall decide what medical equipment and drugs are taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route.

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(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.1000 Off-Road Communications and Dispatch Center

a) The SEMSV Program shall have a designated dispatch center assigned and available 24 hours per day every day of the year to receive and dispatch all requests for off-road SEMSV services.

b) The communications and dispatch center shall have the ability to communicate with the off-road SEMSV for non-medical purposes on a separate designated frequency.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

SUBPART H: TRAUMA CENTERS

Section 515.2000 Trauma Center Designation

a) The Department shall attempt to designate trauma centers in all areas of the State. There shall be at least one Level I Trauma Center serving each EMS Region, unless waived by the Department. Level I Trauma Centers shall serve as resources for Level II Trauma Centers in the EMS Regions. The extent of such relationships shall be defined in the EMS Region plan. (Section 3.90(b)(5) of the Act)

b) Any hospital seeking designation as a Level I or Level II Trauma Center shall submit an application form (see Section 515. Appendix A of this Part) as prescribed by the Department.

c) Upon receipt of a completed application, the Department shall conduct a site visit to determine compliance with the Act and this Part. A report of the inspection shall be provided to the Director within 30 days of the completion of the site visit. (Section 3.90(b)(3) of the Act)

d) The Department shall designate those applicant hospitals as Level I or Level II Trauma Centers which meet the requirements established by the Act and this Part. Beginning September 1, 1997 the Department shall designate a new Trauma Center only when a local or Regional need for such a Trauma Center has been identified by the applicable EMS Region's Trauma Center Medical Directors Committee, with advice from the Regional Trauma Advisory Committee. (Section 3.90(b)(4) of the Act)

e) A Trauma Center designation shall be for two years.

f) All requests for renewal of Trauma Center designations shall be filed in writing with the Department before the designation expiration date. If the renewal request meets the requirements of this Part, the existing designation shall continue in full force and effect until a final Department decision on the renewal request has been issued.

g) Any Level Trauma Center may voluntarily terminate its designation

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prior to its expiration date by notifying the Department in writing. Such notification shall include the anticipated date of termination, which shall not exceed 60 days after notice is received by the Department, and shall describe the procedures taken by the Trauma Center to notify the providers, hospitals, EMS systems and other Trauma Centers in the EMS Region.

- b) No facility shall use the phrase "Trauma Center" or words of similar meaning in relation to itself or hold itself out as a Trauma Center without first obtaining designation pursuant to the Act and this Part. (Section 3.105 of the Act)

(Source: Added, at 21 Ill. Reg. 5170, effective

Section 515.2010 Denial of Application for Designation or Request for Renewal

- a) The Department shall deny an application for designation or a request for renewal of a designation when its findings show failure to substantially comply with the Act or this Part.

- b) The Department shall provide written notice, via certified mail, of its decision to deny an application for designation or a request for renewal of a designation. The applicant shall have 15 days after receipt of the written notice to make a written request for an administrative hearing to contest the Department's decision. All administrative hearings shall be conducted in accordance with the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

(Source: Added, at 21 Ill. Reg. 5170, effective

Section 515.2020 Inspection and Revocation of Designation

- a) The Department shall have the authority to inspect designated trauma centers to assure compliance with the provisions of the Act and this Part. Information received by the Department through filed reports, inspection or as otherwise authorized under the Act shall not be disclosed publicly in such a manner as to identify individuals or hospitals, except in a proceeding involving the denial, suspension or revocation of a trauma center designation or imposition of a fine on a trauma center. (Section 3.90(b)(6) of the Act)

- b) The Department shall have the authority to take the following action, as appropriate, after determining that a trauma center is in violation of the Act or this Part:

- 1) If the Director determines that the violation presents a substantial probability that death or serious physical harm will result and if the trauma center fails to eliminate the violation immediately or within a fixed period of time, not exceeding 10

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days, as determined by the Director, the Director may immediately revoke the trauma center designation. The trauma center may appeal the revocation within 15 days after receiving the Director's revocation order, by requesting a hearing as provided by Section 3.135 of the Act. The Director shall notify the chair of the Region's Trauma Center Medical Directors Committee and EMS Medical Directors for the appropriate EMS Systems of such a trauma center designation revocation.

- 2) If the Director determines that the violation does not present a substantial probability that death or serious physical harm will result, the Director shall issue a notice of violation and request a plan of correction which shall be subject to the Department's approval. The trauma center shall have 10 days after the receipt of the notice of violation in which to submit a plan of correction. The Department may extend this period for up to 30 days. (Section 3.90(b)(10)(B) of the Act)

- A) The Department will consider the following factors in determining whether or not to extend the period for submission of the plan of correction to a maximum of 30 days: whether a substantial probability that death or serious physical harm will result still exists, and whether the delay could lead to physical harm.

- B) The plan shall include a fixed time period not in excess of 90 days within which violations are to be corrected. The plan of correction and the status of its implementation by the trauma center shall be provided, as appropriate, to the EMS Medical Directors for the appropriate EMS Systems. If the Department rejects a plan of correction, it shall send notice of the rejection and the reason for the rejection to the trauma center. The trauma center shall have 10 days after receipt of the notice of rejection in which to submit a modified plan. If the modified plan is not timely submitted, or if the modified plan is rejected, the trauma center shall follow an approved plan of correction imposed by the Department. If, after notice and opportunity for hearing, the Director determines that a trauma center has failed to comply with an approved plan of correction, the Director may revoke the trauma center designation. The trauma center shall have 15 days after receiving the Director's notice in which to request a hearing. Such hearing shall conform to the provisions of Section 3.135 of the Act. (Section 3.90(b)(10)(B) of the Act)

- C) Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each

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plan shall include:

- i) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice;
 - ii) A description of the steps that will be taken to avoid future occurrences of the same or similar violations.
- D) The Department shall review each plan of correction to ensure that it provides for the abatement, elimination, or correction of the violation. The Department shall reject a submitted plan if it finds any of the following deficiencies:

- i) The plan does not address the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences.
- ii) The plan is not specific or does not provide measures to indicate the actual actions the facility will be taking to abate, eliminate, or correct the violation(s).
- iii) The plan does not provide steps that will avoid future occurrences of the same and similar violations.
- iv) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation, any possible harm to patients, and the extent and complexity of the corrective action.

E) The Department shall verify the completion of the corrective action:

- i) By requiring the trauma center to submit monthly reports to the Department for up to one year, which consists of current hospital trauma plan (first month only); trauma quality monitoring plan and indicators (first month only); minutes of all meetings pertaining to trauma, including but not limited to Trauma Service Committee, Department of Surgery, and Morbidity and Mortality Review Committee; a list of all Category I and II trauma patients treated in the previous month, which includes but is not limited to medical record number, date and time of arrival at the trauma center, sex, mechanism of injury, trauma category classification and time; trauma surgeon and surgical specialty; time of notification and arrival time; and through subsequent investigations, surveys and evaluations of the trauma center.
- ii)

(Source: Added at 21 Ill. Reg. 5170, effective April 5, 1997)

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Section 515.2030 Level I Trauma Center Designation Criteria

- a) The Level I Trauma Center, under the direction of the Level I Trauma Center Medical Director, shall be responsible for the coordination and management of trauma care in the EMS Region. This responsibility includes obtaining the cooperation of all Level II Trauma Centers, Affiliate Trauma Hospitals, and EMS Systems in the EMS Region. A Level I Trauma Center Medical Director shall be the chairperson of the Regional Trauma Advisory Committee.
- b) The Trauma Center Medical Director shall be a trauma surgeon, board certified in surgery, with at least one year of experience in trauma care and with 24-hour independent operating privileges.
- c) The trauma center shall provide a trauma service separate from the general surgery service, which is an identified hospital service functioning under a designated director and staffed by trauma surgeons with one year of experience in trauma, and who are available in-house 24 hours a day with immediate response.
 - 1) The trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training with independent operating room privileges.
 - 2) If the resident is fulfilling the trauma surgeon requirement, the attending physician must be consulted within 30 minutes after the patient's being classified as Category I or II.
 - 3) If the resident is fulfilling the trauma surgeon requirement, it is mandatory that an attending be present for Category I patients 30 minutes after the decision to operate is made.
 - 4) The trauma surgeon, resident or surgical subspecialist will be consulted when the decision is made to admit a Category II patient. The trauma surgeon or appropriate subspecialist will see the patient within 12 hours after Emergency Department (ED) arrival.
 - 5) The hospital's quality improvement program shall monitor compliance with this subsection (c).
 - 6) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist within 60 minutes after the notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.

d) The trauma center shall have the following surgical services:

- 1) On call to arrive at the hospital to treat the patient within 30

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minutes after notification that their services are needed at the hospital:

- A) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a trauma/general surgeon with experience in cardiothoracic surgery for lifesaving procedures; the surgeon must have cardiothoracic privileges;
- B) Obstetrics; and
- C) Pediatric surgery.

- 2) On call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed at the hospital:

- A) Orthopedic;
- B) Vascular;
- C) Ophthalmologic;
- D) Oral-Dental;
- E) Otorhinolaryngologic;
- F) Plastic/maxillofacial;
- G) Urologic;
- H) Reimplantation service, or a transfer agreement; and
- I) Neurosurgery.

- 3) Twenty-four hours a day, or a transfer agreement:

- A) Burn center staffed by Registered Nurses trained in burn care; and
- B) Acute spinal cord injury management.

- e) The trauma center shall provide the following nonsurgical services within the designated times:

- 1) Emergency Medicine staffed 24 hours a day in the ED by:

- A) A physician who has competency in trauma as demonstrated by:
 - i) Certification in Emergency Medicine by the ABEM or the AOBEM; or
 - ii) Completion of 12 months of internship, followed by at least 7000 hours of hospital-based Emergency Medicine over at least a 60-month period (including 2800 hours within one 24-month period), verified in writing by the hospital(s) at which the internship and subsequent hours were completed, and continuing medical education totalling 50 hours for each post-internship year in which the physician completed any hospital-based Emergency Medicine hours (the physician may attend less than 50 hours in any given year provided the total number averages 50 hours per year of practice); or
 - iii) Completion of a residency program in Emergency Medicine approved by the Residency Review Committee for Emergency Medicine or the Council on Postdoctoral Training (COPPT) for the AOA; and

- B) An osteopathic physician certified by the AOBEM of the AOA.

- 2) Anesthesiology Services:

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- A) The anesthesiology service or department shall be supervised by anesthesiologists. "Supervise", for the purposes of this subsection, means to manage, control and direct the services performed, including being present in the trauma center and immediately available for consultation while the services are being performed.

- B) Anesthesiology services shall be available 24 hours a day in-house.

- C) Direct patient care services may be performed by an anesthesiologist or a certified registered nurse anesthetist (CRNA) acting under the direct supervision of an anesthesiologist.

- 3) Radiology staffed by:

- A) A technician with the ability to perform a computerized axial tomography (CAT) scan in-house, 24 hours a day.

- B) A radiologist with the ability to read CAT scans and perform angiography available within 30 minutes. This requirement may be met by a Post Graduate Year (PGY) II radiology resident or a PGY I resident with six months experience in CAT and angiography. Teleradiographic equipment may be used to transmit CAT scans to radiologists off site in lieu of the radiologists' response to the trauma center to read CAT scans. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography.

- 4) Intensive Care Medicine Unit having available 24 hours a day in-house:

- A) A physician credentialed by the hospital. This requirement may be fulfilled by second and third year residents who have had intensive care training and are under the supervision of a staff physician possessing full intensive care privileges;

- B) Registered Professional Nurses; and

- C) The following equipment:

- i) Airway control and ventilation devices;
- ii) Oxygen source with concentration controls;
- iii) Cardiac emergency cart;
- iv) Electrocardiograph-oscilloscope-defibrillator;
- v) Cardiac output monitoring;
- vi) Electronic pressure monitoring;
- vii) Mechanical ventilator-respirators;
- viii) Pulmonary function measuring devices;
- ix) Temperature control devices;
- x) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically 250.1050, 250.2140, and 250.2710;
- xi) Intracranial pressure monitoring devices; and

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- xii) Intra-aortic balloon pump capability.
- 5) Laboratory 24 hours a day in-house, providing the following:
- Standard analysis of blood, urine, and other body fluids;
 - Blood typing and cross-matching;
 - Coagulation studies;
 - Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically 250.520);
 - Blood gases and pH determinations;
 - Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
 - Drug and alcohol screening.
- 6) Cardiology -- 60 minutes.
- 7) Internal Medicine -- 60 minutes.
- 8) Neuroradiology staffed by a radiologist with the ability to read CAT scans and perform angiography -- 30 minutes; this requirement may be met by a PGY II radiology resident or PGY I resident with six months experience in CAT and angiography.
- 9) Pediatrics -- 60 minutes.
- 10) Postanesthetic recovery capabilities 24 hours a day.
- 11) Acute hemodialysis capability 24 hours a day or a transfer agreement.
- f) The trauma center shall meet the following professional staff requirements:
- The ED Director shall be a physician board certified by the ABEM or certified by the AOBEM of the AOA;
 - Each shift in the ED will be staffed by at least one Registered Nurse who has completed a Trauma Nurse Specialist Course as specified in Section 515.750 of this Part. A back-up policy shall provide for a nurse with experience evidenced by successful completion of an institution orientation to trauma care in addition to a current Trauma Nurse Core Curriculum (TNCC) or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained;
 - Trauma Coordinator dedicated to the Trauma Program; and
 - An operating room shall be staffed in-house and available 24 hours a day.
- g) The trauma center shall provide and maintain the following equipment:
- Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, and mechanical ventilator;
 - Suction devices and equipment (pulmonary and gastric);
 - Electrocardiograph-oscilloscope-defibrillator;
 - Apparatus to establish central venous pressure monitoring;
 - All standard intravenous fluids and administration devices;
 - Sterile surgical instruments or sets for emergency care, such as

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- cricothyrotomy, tracheostomy, thoracotomy, thoracostomy, and cut down;
- Drugs and supplies necessary for emergency care;
 - X-ray and CAT scan capability;
 - Spinal immobilization equipment;
 - Temporary pacemaker; and
 - Specialized pediatric resuscitation cart in the emergency area.
- h) The trauma center must have helicopter landing capabilities approved by State and federal authorities. (Section 3.95(i) of the Act) The helicopter landing capabilities shall:
- Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 14, specifically 14.790, 14.792, and 14.795);
 - Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the Federal Aviation Act of 1958, and 14 CFR 157 and 14 CFR 77, Subpart D;
 - Be provided on the campus of the trauma center; and
 - Out-of-state trauma centers are exempted from this subsection but must provide proof of compliance with their state's rules that govern aviation safety.
- i) The trauma center shall perform focused outcome analyses of its trauma services on a quarterly basis, and shall provide on site or upon request all minutes related to these reviews at the request of the Department. The analyses shall consist of at least:
- Review of all patient deaths, excluding dead on arrival (DOA). Patients must be assigned a status of non-preventable death, potentially preventable death, or preventable death using the American College of Surgeons "Guidelines for Judgment Regarding Mortality" (from "Resources for Optimal Care of the Injured Patient"). Factors contributing to the death must be included in the review according to the American College of Surgeons "Contributing Factors and Guidelines for Assigning Factors Related to Morbidity/Mortality" (from "Resources for Optimal Care of the Injured Patient"). A cumulative report of these findings should be kept on site and available to the Department upon request.
 - Review of all morbidities. A morbidity is a negative outcome that is the result of the original trauma and/or treatment rendered or omitted. Factors contributing to the morbidity must be included in the review according to the American College of Surgeons "Contributing Factors and Guidelines for Assigning Contributing Factors Related to Morbidity/Mortality." A cumulative report of these findings must be presented quarterly to the Region.
 - Review of audit filters. An audit filter is a clinical and/or internal resource indicator used to examine the process of care and to identify potential patient care and/or internal resource

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problems.

- 4) All information contained in or relating to any medical audit performed of a trauma center's trauma services pursuant to the Act or by an EMSMD or his designee of medical care rendered by system personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure. (Section 3.110(a) of the Act)

- j) Every two years the trauma center shall provide written protocols with the redesignation packet, which shall include the following:

- 1) The protocols and policies for treating patients in the Level I Trauma Center, which include Trauma Category I and Trauma Category II criteria as required in Section 515.045, Appendices C and F of this Part;
- 2) The protocols for transferring trauma patients to more specialized care;
- 3) A policy that a blood alcohol test will be drawn on any motor vehicle crash victim who is believed to have been the driver of the vehicle.

- k) Changes to the Trauma Center Plan must be approved by the Department prior to implementation.

- l) The practices of the trauma center shall reflect the protocols and policies of the EMS Region and Trauma Center plan.

- m) The resuscitation care of a Trauma Category I or Trauma Category II patient must be documented on a Trauma Flow Sheet, which at minimum contains trauma category classification; time and place of classification (field or in-house); time of arrival of patient to trauma center; notification of surgical specialties and time of arrival to see patient (may exclude isolated injuries for Category II patients).

- n) The trauma center shall maintain a job description for the Trauma Center Medical Director that details his/her responsibility and authority for the coordination and management of trauma services.

- o) The trauma center shall maintain a job description for the Trauma Coordinator that details his/her responsibility and authority for the coordination and management of trauma services.

- p) The trauma center shall develop a policy that identifies resource limitations that would result in the diversion of a trauma patient to another facility. This policy shall include notification of procedures for pre-hospital personnel and surrounding trauma centers.
- 1) Such diversion must be reported to the Department by telephone if it occurs during business hours. Otherwise, written notification of diversion must be sent no more than 48 hours following the diversion.

- 2) Both forms of notification shall include at minimum:

- A) The name of the trauma center;
- B) Date and time of resource limitation; and
- C) The reason for resource limitation.

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- g) The trauma center shall develop a plan for implementing a program of public information and education concerning trauma care for adult and pediatric patients.

(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

Section 515.040 Level II Trauma Center Designation Criteria

- a) A Level II Trauma Center, under the direction of a Level II Trauma Center Medical Director, shall be responsible for providing trauma care in accordance with the EMS System Program Plan.

- b) The Trauma Center Medical Director shall be a trauma surgeon, board certified in surgery, with at least one year of experience in trauma care and with 24-hour independent operating privileges.

- c) The trauma center shall provide a trauma service separate from the general surgery service, which is an identified hospital service functioning under a designated director and staffed by trauma surgeons with one year of experience in trauma, and who will arrive at the hospital to treat the trauma patient within 30 minutes after the patient's being classified as a Category I trauma patient.

- 1) The trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training.

- 2) If the resident is fulfilling the trauma surgeon requirement, the attending physician must be consulted within 30 minutes after the patient's being classified as Category I or II.

- 3) If the resident is fulfilling the trauma surgeon requirement, it is mandatory that an attending be present for patients undergoing operative procedures by the time the surgery begins.

- 4) The trauma surgeon, resident or surgical subspecialist will be consulted when the decision is made to admit a Category II patient. The trauma surgeon or appropriate subspecialist will see the patient within 12 hours after ED arrival.

- 5) The hospital's quality improvement program shall monitor compliance with this subsection (c).

- 6) The trauma center shall maintain a call schedule that identifies at least a primary and back-up surgeon, each listed by surgeon's name.

- 7) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) or (e) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist within 60 minutes after the notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative

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intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.

d) The trauma center shall have the following surgical services on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed:

1) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a trauma/general surgeon with experience in cardiothoracic surgery for lifesaving procedures; the surgeon must have cardiothoracic privileges;

2) Obstetrics;

3) Orthopedic; and

4) Urologic.

e) The trauma center shall have the following surgical specialties on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed. These services may be provided by written transfer agreement. These services must be provided according to subsection (c)(7) of this Section for isolated injuries when the trauma surgeon is not required to respond:

1) Neurosurgical;

2) Ophthalmologic;

3) Oral-Dental;

4) Otorhinolaryngologic;

5) Replantation;

6) Plastic/Maxillofacial;

7) Burn center staffed by Registered Nurses trained in burn care;

8) Acute spinal cord injury management; and

9) Pediatric surgery.

f) The trauma center shall provide the following nonsurgical services within the designated times:

1) Emergency Medicine staffed 24 hours a day in the ED by:

A) A physician who has competency in trauma as demonstrated by:

i) Board certification by the ABEM; or

ii) Completion of 12 months of internship, followed by at least 7000 hours of hospital-based Emergency Medicine over at least a 60-month period (including 2800 hours within one 24-month period), verified in writing by the hospital(s) at which the internship and subsequent hours were completed, and continuing medical education in Emergency Medicine totalling 50 hours for each post-internship year in which the physician completed any hospital-based Emergency Medicine hours (the physician may attend less than 50 hours in any given year provided the total number averages 50 hours per year of practice); or

iii) Completion of a residency in Emergency Medicine in a residency program approved by the Residency Review Committee for Emergency Medicine or the Council on

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Postdoctoral Training (COPT) for the AOA; and

B) An osteopathic physician certified by the AOBEM of the AOA.

2) Anesthesiology Services:

A) Anesthesiology services shall be in compliance with the Hospital Licensing Act and the Hospital Licensing Requirements, 77 Ill. Adm. Code 250.1410. Staff shall be on call to arrive at the hospital to administer anesthesia within 30 minutes after notification that their services are needed at the hospital.

B) Direct patient care services may be performed by an anesthesiologist or a CRNA.

3) Laboratory -- 24 hours a day in-house, providing the following:

A) Standard analysis of blood, urine, and other body fluids;

B) Blood typing and cross-matching;

C) Coagulation studies;

D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements, 77 Ill. Adm. Code 250.1, specifically Section 250.520);

E) Blood gases and pH determinations;

F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and

G) Drug and alcohol screening.

4) Radiology staffed by:

A) A technician with the ability to perform a CAT scan available within 30 minutes; and

B) A radiologist with the ability to read CAT scans and perform angiography available within 60 minutes. This requirement may be met by a PGY II radiology resident or PGY I resident with six months experience in CAT and angiography. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography. Teleradiographic equipment may be used to transmit CAT scans off site in lieu of the radiologist's response to the trauma center to read CAT scans.

5) Cardiology -- 60 minutes.

6) Internal Medicine -- 60 minutes.

7) Postanesthetic recovery capability staffed and available within 30 minutes.

8) Intensive Care Medicine Unit having available the following:

A) A physician credentialed by the hospital and available within 30 minutes. This requirement may be fulfilled by second and third year residents who have had intensive care training and are under the supervision of a staff physician possessing full intensive care privileges.

B) Registered Professional Nurses 24 hours a day in the Intensive Care Unit; and

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C) The following equipment 24 hours a day in-house:

- i) Airway control and ventilation devices;
- ii) Oxygen source with concentration controls;
- iii) Cardiac emergency cart;
- iv) Electrocardiograph-oscilloscope-defibrillator;
- v) Temperature control devices;
- vi) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically Sections 250.1050, 250.2140, and 250.2710; and
- vii) Mechanical ventilator-respirators.

9) Pediatrics -- 60 minutes.

- 10) Acute hemodialysis capability 24 hours a day or a transfer agreement.

g) The trauma center shall meet the following professional staff requirements:

- 1) The ED Director shall be a physician board certified by the ABEM, or a physician who has completed 12 months of internship, followed by 60 months plus 7000 hours of hospital-based Emergency Medicine (2800 of the 7000 hours must be completed within one 24-month period), and 50 hours of continuing medical education in Emergency Medicine for each complete year of practice, or a physician who has completed a residency program approved by the Residency Review Committee for Emergency Medicine or by the AOA;
- 2) Each shift in the ED will be staffed by at least one Registered Nurse who has completed a Trauma Nurse Specialist Course as specified in Section 515.750 of this Part. A back-up policy shall provide for a nurse with experience evidenced by TNCC or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained;

- 3) A Trauma Coordinator dedicated to the Trauma program; and
- 4) An operating room shall be staffed and available within 30 minutes 24 hours a day.

h) The trauma center shall provide and maintain the following equipment:

- 1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, and mechanical ventilator;
- 2) Suction device;
- 3) Electrocardiograph-oscilloscope-defibrillator;
- 4) Apparatus to establish central venous pressure monitoring;
- 5) All standard intravenous fluids and administration devices;
- 6) Sterile surgical sets of procedures standard for ED, such as cricothyrotomy, tracheostomy, thoracotomy, and cut down;
- 7) Gastric lavage equipment;
- 8) Drugs and supplies necessary for emergency care;
- 9) X-ray and CAT scan capability, available within 30 minutes;
- 10) Spinal immobilization equipment;

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1) Temporary pacemaker; and

- 12) Specialized pediatric resuscitation cart in the emergency area. The trauma center must have helicopter landing capabilities approved by State and federal authorities. (Section 3.100(j) of the Act) The helicopter landing capabilities shall:

- 1) Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 14, specifically Sections 14.790, 14.792 and 14.795);

- 2) Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the Federal Aviation Act of 1958, and 14 CFR 157 and 14 CFR 77, Subpart D; and

- 3) Be provided on the campus of the trauma center.

Out-of-state trauma centers are exempted from this subsection (i) but must comply with their state's rules that govern aviation safety.

- 1) The trauma center shall perform focused outcome analyses of its trauma services on a quarterly basis and shall provide all minutes related to these reviews at the request of the Department. The analyses shall consist of at least:

- 1) Review of all patient deaths, excluding dead on arrival (DOA). Patients must be assigned a status of non-preventable death, potentially preventable death, or preventable death using the American College of Surgeons "Guidelines for Judgment Regarding Mortality" (from "Resources for the Optimal Care of the Injured Patient"). Factors contributing to the death must be included in the review according to the American College of Surgeons "Contributing Factors and Guidelines for Assigning Contributing Factors Related to Morbidity/Mortality" (from "Resources for the Optimal Care of the Injured Patient"). A cumulative report of these findings shall be available on site and upon request by the Department.

- 2) Review of all morbidities. A morbidity is a negative outcome that is the result of the original trauma and/or treatment rendered or omitted. Factors contributing to the morbidity must be included in the review according to the American College of Surgeons "Contributing Factors and Guidelines for Assigning Contributing Factors Related to Morbidity/Mortality." A cumulative report of these findings must be presented quarterly to the Region.

- 3) Review of audit filters. An audit filter is a clinical and/or internal resource indicator used to examine the process of care and to identify potential patient care and/or internal resource problems.

- 4) All information contained in or relating to any medical audit performed of a trauma center's trauma services pursuant to the Act, or by an EMSMD or his designee of medical care rendered by system personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII.

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Part 21 of the Code of Civil Procedure. (Section 3.110(a) of the Act)

- k) Every two years the trauma center shall provide written protocols concerning the following:
- 1) The treatment of trauma patients in the trauma center, which includes Trauma Category I and Trauma Category II criteria as required in Section 515. Appendices C and F of this Part;
 - 2) The transfer of trauma patients to the Level I Trauma Center serving the EMS Region or a more specialized level of care;
 - 3) A policy that blood alcohol will be drawn on a motor vehicle crash victim who is believed to have been the driver of the vehicle.
- l) Changes to the Trauma Center Plan must be approved by the Department prior to implementation.
- m) The practices of the trauma center shall reflect the protocols and policies of the EMS Region and Trauma Center Plan.
- n) The resuscitation care of a Trauma Category I or Trauma Category II patient must be documented on a Trauma Flow Sheet, which at minimum contains trauma category classification; time and place of classification (field or in-house); time of arrival of patient to trauma center; notification of surgical specialties and time of arrival to see patient (may exclude isolated injuries for Category II patients).
- o) The trauma center shall maintain a job description for the Trauma Center Medical Director, which details his/her responsibility and authority for the coordination and management of trauma services.
- p) The trauma center shall maintain a job description for the Trauma Coordinator, which details the responsibility and authority for the coordination and management of trauma services.
- q) The trauma center shall develop a policy that identifies situations that would result in trauma bypass. This policy shall include notification of procedures for pre-hospital personnel and surrounding trauma centers.
- 1) Such diversion must be reported to the Department by telephone if it occurs during business hours. Otherwise, written notification of diversion must be sent no more than 48 hours following the diversion.
- 2) Both forms of notification shall include at minimum:
- A) The name of the trauma center;
 - B) Date and time of resource limitation; and
 - C) The reason for resource limitation.
- r) The trauma center shall develop a plan for implementing a program of public information and education concerning trauma care for adult and pediatric patients.

(Source: Added at 21 Ill. Reg. 5170 effective APR 15 1997)

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Section 515.2050 Trauma Center Uniform Reporting Requirements

- a) Each trauma center shall have available to the Trauma Service use of an IBM compatible personal computer capable of handling the software contracted by the Department and that meets the following general standards: 486 microprocessor, 32 megabytes Random Access Memory (RAM), adequate hard drive space to accommodate the trauma center's data files and needs, at least 14.4kbs modem, color monitor, printer and back-up capability. The Department shall provide Trauma Registry software for use by the trauma center. This software shall be used for data collection and shall have a provision to prepare electronic media reports to the Department on a quarterly basis.
- AGENCY NOTE: For example, Windows 95 would meet these requirements.
- b) The trauma center shall provide the following information on each reportable trauma patient:
- 1) Registry Number;
 - 2) Medical Record Number;
 - 3) Name (first and last);
 - 4) Address, city, state, county and zip;
 - 5) EMS Region;
 - 6) Age;
 - 7) Sex;
 - 8) Race;
 - 9) Injury Type;
 - 10) Mechanism of Injury (International Classification of Disease (ICD) 9 E codes - 4 digits);
 - 11) Safety Equipment;
 - 12) Hospital Transfer From and Hospital Transfer To;
 - 13) Transport Mode;
 - 14) Run Sheet;
 - 15) Date Arrived At Scene (only for when pre-hospital transport is involved);
 - 16) ED Arrival Date;
 - 17) ED Disposition Date;
 - 18) Glasgow Coma Scale Components (Eye, Motor, Verbal and Total) in ED;
 - 19) First Temperature in ED;
 - 20) ED Blood Pressure, Pulse, Respiratory Rate;
 - 21) ED Revised Trauma Score;
 - 22) ED Triage Category;
 - 23) Minimum Field Triage Criteria;
 - 24) ED Treatment;
 - 25) Blood Alcohol level in all drivers in motor vehicle crashes;
 - 26) Blood Units Administered;
 - 27) Physician Type, Notification Time, Arrival Time;
 - 28) Admitting Service;
 - 29) Medical Complications;
 - 30) Total ICU Days, Monitored Bed Days and Unmonitored Bed Days;

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- 31) Number of Ventilator Days;
 32) Surgery Performed, Surgery Date;
 33) Additional Surgeries;
 34) Abbreviated Injury Scale for each injury;
 35) Injury Severity Score (ISS) range 1-75;
 36) Primary Pay Source;
 37) Discharge Condition and Date; and
 38) Total Hospital Days.

c) Reportable trauma patients

- 1) A reportable trauma patient is one who was involved in a traumatic event and:
- A) was transferred to the trauma center from another hospital;
 - B) was transferred from the trauma center to another hospital;
 - C) was admitted to the trauma center as an inpatient;
 - D) was assigned an observation status and had a length of stay greater than 12 hours from time of arrival in the ED;
 - E) was dead on arrival (DOA);
 - F) died in the emergency department (DIE); or
 - G) signed out against medical advice after refusing admission (AMA).

2) A traumatic event is one in which there was a transfer of energy resulting in injury, involving any of the following:

- A) aircraft;
- B) watercraft;
- C) motor vehicles;
- D) railway;
- E) recreational vehicles;
- F) farm machinery;
- G) animals, including bites;
- H) explosion;
- I) falls;
- J) thermal (including smoke inhalation)/chemical/radiation injuries;
- K) lightning;
- L) weather related (tornado, flood, blizzard) injuries;
- M) struck by falling object;
- N) sports related;
- O) caught between objects;
- P) cutting or piercing instruments or objects;
- Q) firearms;
- R) electric current;
- S) suicide or self-inflicted injury;
- T) homicide;
- U) injury inflicted by others;
- V) hanging; or
- W) strangulation.

d) Illinois trauma registry reporting schedule

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Patients Discharged	Report Date
January - March	June 30
April - June	September 30
July - September	December 31
October - December	March 31

- e) Data shall be collected for all trauma patients in the State for each level of Injury Severity Score, mean mortality rates, and standard deviations shall be calculated using standard statistical methods. Trauma centers with mortality rates more than one standard deviation above the mean in three or more ISS levels shall have an in-depth evaluation by the Department prior to renewal of designation. Trauma centers with mortality rates more than two standard deviations above the mean in any ISS level less than 25 shall also be evaluated for compliance with the Act and this Part prior to renewal of designation. The Department shall review a trauma center whose annual morbidity falls two standard deviations above the mean.

- f) Data collected from individual trauma centers shall be cross-referenced with Vital Records Death Certificates to confirm accuracy.

- g) Annual reports shall be prepared by the Department presenting summary data to allow trauma centers to evaluate performance. This data shall have all hospital and patient identifiers removed.

- h) All data received by the Department shall be kept confidential. Patient identifiers shall be kept in such a way to assure that confidentiality is maintained and is not available to the public.

- 1) All reports and records made pursuant to the Head and Spinal Cord Injury Act [410 ILCS 515] and maintained by the Department and other appropriate persons, officials and institutions pursuant to the Head and Spinal Cord Injury Act shall be confidential. Information shall not be made available to any individual or institution except to:

- A) Appropriate staff of the Department;

- B) Any person engaged in a bona fide research project, with the permission of the Director of Public Health, except that no information identifying the subjects of the reports or the reporters shall be made available to researchers unless the Department requests and receives consent for such release pursuant to the provisions of this Section; and

- C) The Advisory Council on Spinal Cord and Head Injuries, except that no information identifying the subjects of the reports or the reporters shall be made available to the Council unless consent for release is requested and received pursuant to the provisions of this Section. Only information pertaining to head and spinal cord injuries as defined in Section 1 of the Head and Spinal Cord Injury Act shall be released to the Council. (Section 3 of the Head and Spinal Cord Injury Act)

- 2) The Department shall not reveal the identity of a patient.

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physician or hospital, except that the identity of the patient may be released upon written consent of the patient, parent or guardian, the identity of the physician may be released upon written consent of the physician, and the identity of the hospital may be released upon written consent of the hospital (Section 3 of the Head and Spinal Cord Injury Act)

The Department shall request consent for release from a patient, a physician or hospital only upon a showing by the applicant for such release that obtaining the identities of certain patients, physicians or hospitals is necessary for his bona fide research directly related to the objectives of the Head and Spinal Cord Injury Act. (Section 3 of the Head and Spinal Cord Injury Act)

1) Availability of Registry Information

1) All requests by medical or epidemiologic researchers for confidential registry data must be submitted in writing to the registry. The request must include a study protocol that contains: objectives of the research; rationale for the research, including scientific literature justifying current proposal; overall study methods, including copies of forms, questionnaires, and consent forms used to contact facilities, physicians or study subjects, including methods for documenting compliance with 42 CFR 2A, pars. 4 a-1, 6 a-b, 7 a-b1; methods for the processing of data; storage and security measures taken to ensure confidentiality of patient identifying information; time frame of the study; a description of the funding source of the study (e.g., federal contract); the curriculum vitae of the principal investigator; and a list of collaborators. In addition, the research request must specify what patient or facility identifying information is needed and how the information will be used.

2) All requests to conduct research and modifications to approved research proposals involving the use of data that includes patient or facility identifying information shall be subject to a review to determine compliance with the following conditions:

- A) The request for patient or facility identifying information contains stated goals or objectives;
- B) The request documents the feasibility of the study design in achieving the stated goals and objectives;
- C) The request documents the need for the requested data to achieve the stated goals and objectives;
- D) The requested data can be provided within the time frame set forth in the request;
- E) The request documents that the researcher has qualifications relevant to the type of research being conducted;
- F) The research will not duplicate other research already underway using the same registry data when both require the contact of a patient, reporting facility or physician about an individual patient involved in the previously approved

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concurrent research; and

G) Other such conditions relevant to the need for the patient or facility identifying information and the patient's confidentiality rights, because the Department will only release the name of the patient, physician (in accordance with the provisions of this Section) or facility identifying information that is necessary for the research.

3) Research Agreements

A) The Department will enter into research contracts for all approved research requests. These contracts shall specify exactly what information is being released and how it can be used in accordance with the standards in subsection (c) of this Section. In addition, the researcher shall include an assurance that:

- i) Use of data is restricted to the specifications of the protocol;
 - ii) Any and all data that may lead to the identity of any patient, research subject, physician, other person, or hospital is strictly privileged and confidential and that such data will be kept strictly confidential at all times;
 - iii) All officers, agents and employees will keep all such data strictly confidential; will communicate the requirements of this subsection to all officers, agents, and employees; will discipline all persons who may violate the requirements of this Section; and will notify the Department in writing within 48 hours after any violation of this subsection, including full details of the violation and corrective actions to be taken;
 - iv) All data provided by the Department pursuant to the contract may only be used for the purposes named in the contract and that any other or additional use of the data may result in immediate termination of the contract by the Department; and
 - v) All data provided by the Department pursuant to the contract is the sole property of the Department and may not be copied or reproduced in any form or manner and that all data and all copies and reproduction of the data will be returned to the Department upon termination of the contract.
- B) Any departures from the approved protocol must be submitted in writing and approved by the Director in accordance with subsection (c)(2) of this Section prior to initiation. No patient or facility identifying information may be released by a researcher to a third party.
- 4) The Department shall disclose individual patient or facility information to the reporting facility that originally supplied

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that information to the Department, upon written request of the facility.

- j) The patient identifying information submitted to the Department by those entities required to submit information under the Act and this Part is to be used in the course of medical study under Part 21 of Article 8 of the Code of Civil Procedure [735 ILCS 5]. Therefore, this information is privileged from disclosure by Part 21 of Article 8 of the Code of Civil Procedure.

- k) The identity of any facility, or any group of facts that tends to lead to the identity of any person whose condition or treatment is submitted to the Department, shall not be open to public inspection or dissemination. Such information shall not be available for disclosure, inspection or copying under the Freedom of Information Act or the State Records Act. All information for specific research purposes may be released in accordance with procedures established by the Department in this Section.

- l) Every hospital shall provide representatives of the Department with access to information from all medical, pathological, and other pertinent records and logs related to reportable registry information. The mode of access and the time during which this access will be provided shall be by mutual agreement between the hospital and the Department. The Department shall not require hospitals to provide information on cases that are dated more than two years before the Department's request for further information.

- m) Every hospital shall provide access to information regarding specified patients or other patients specified for research studies, related to reportable registry information, conducted by the Department. Any disputes as to access shall be resolved by the hospital and the Department within 30 days after requests for access have been denied.

(Source: Added at 21 Ill. Reg. 5170, effective 11/1/11)

Section 515.2060 Trauma Patient Evaluation and Transfer

- a) Patients who are determined in the pre-hospital setting to have sustained hypotension or are victims of cavity penetration of the neck or torso or any other trauma patient as deemed by medical control shall be classified as trauma patients in the field. The trauma response time begins at the time of field classification. The patient shall be immediately evaluated upon arrival at the ED.

- b) Patients who are not classified in the field must be evaluated within 10 minutes after arrival at the trauma center. This evaluation shall be conducted by the attending ED physician or designee. "Designee" for the purposes of this Section, may refer to ED staff including, but not limited to, a surgeon acting as the ED attending, resident physician, Physician Assistant, or Registered Nurse. By the time the 10 minute evaluation period has elapsed, the patient must be

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determined to be a Category I trauma patient (Section 515.2060(c) and F of this Part) or Category II (Section 515.2060(d) or not to have met either Category I or II criteria. A patient cannot be downgraded once a category has been assigned. Upgrade to a Category I or II may occur at any time the patient's condition warrants. The trauma or specialty surgical response time begins at the time of upgrade.

- c) EMS Regions or trauma centers may develop triage criteria that expand Category I and II criteria but may not delete any of the minimal criteria in Section 515.2060(c) of this Part.

- d) The response period for trauma or specialty surgery for Category I or II patients is as specified in Section 515.2060(c), Section 515.2060(d) and Section 515.2060(e) of this Part.

- e) Trauma patients being transferred to a Level I or Level II facility or to more specialized care should be enroute within two hours after arrival when stabilized within the capabilities of the referring institution.

- f) The Revised Trauma Score, as specified by the American Trauma Society, shall be used in all trauma centers. The Revised Trauma Score is determined by using the following criteria:

	Value	Points
1) Respiratory Rate	Greater than 29/Min	4
	10-29/Min	3
	6-9/Min	2
	1-5/Min	1
	0	0
2) Systolic Blood Pressure	greater than 89	4
	76-89	3
	50-75	2
	1-49	1
	0	0

- 3) Glasgow Coma Scale

	Points
A) Eye Opening Response	4
Spontaneous	3
To Voice	2
To Pain	1
None	0
B) Best Verbal Response	5
Oriented	4
Confused	3
Inappropriate Words	2
Incomprehensible Sounds	1
None	0

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C) Best Motor Response

Obeys Commands
 Localizes (Pain)
 Withdraw (Pain)
 Flexion (Pain)
 Extension (Pain)
 None

6
 5
 4
 3
 2
 1

Total GCS

Revised Trauma Points

13-15 = 4
 9-12 = 3
 6-8 = 2
 4-5 = 1
 3 = 0

4) Revised Trauma Score = Total Points 1 + 2 + 3

g) Each EMS Region may include other criteria in addition to the Revised Trauma Score in defining a trauma patient and specifying where trauma patients should be transported according to the severity of the injury.

h) The components of Section 515.2070, Appendix D of this Part shall be included in the trauma center policy.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.2070 Trauma Center Designation Delegation to Local Health Departments

a) The Department may delegate authority to local health departments in jurisdictions which include a substantial number of trauma centers. The delegated authority includes, but is not limited to, the authority to designate trauma centers with final approval by the Department, maintain a Regional database with concomitant reporting of trauma registry data, and monitor, inspect and investigate trauma centers within their jurisdiction, in accordance with the requirements of the Act and this Part. (Section 3.90(b)(11) of the Act)

b) The Department shall monitor the performance of local health departments with authority delegated by the Act based upon the following performance criteria. (Section 3.90(b)(11)(A) of the Act)

The local health department shall:

1) Enforce the Act and this Part, consistent with the authority delegated under Section 3.90(b)(11)(A) of the Act.

2) Designate trauma centers consistent with the provisions of the Act and this Part.

3) Upon notification of a trauma center's failure to submit Trauma Registry data to the Department in accordance with Section

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515.2050 of this Part take steps to enforce this requirement within 10 working days.

4) Submit a Quarterly Report to the Department specifying all activities conducted under the delegated authority in accordance with the requirements of the Act and this Part.

5) Submit to the Department copies of all complaints within two working days after receipt and copies of all final investigation reports within 10 working days after the completion of the investigation.

6) Submit to the Department copies of quarterly trauma center focused outcome analyses required by Section 515.2030 of this Part.

c) Delegated authority may be revoked for substantial non-compliance with subsection (b) of this Section. Notice of an intent to revoke shall be served upon the local health department by certified mail, stating the reasons for revocation and offering an opportunity for an administrative hearing to contest the proposed revocation. The request for a hearing must be received by the Department within 10 working days of the local health department's receipt of notification. (Section 3.90(b)(11)(B) of the Act)

d) The director of a local health department may relinquish its delegated authority upon 60 days written notification to the Director of Public Health. (Section 3.90(b)(11)(C) of the Act)

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.2080 Trauma Center Confidentiality and Immunity

a) All information contained in or relating to any medical audit performed by a trauma center or a trauma center's trauma services pursuant to the Act, or any medical audit performed by an EMS Medical Director, or his/her designee, of medical care rendered by system personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure. Disclosure of such information to the Department pursuant to the Act and this Part shall not be considered a violation of Article VIII, Part 21 of the Code of Civil Procedure. (Section 3.110(a) of the Act)

b) Hospitals, trauma centers and individuals that perform or participate in medical audits pursuant to the Act shall be immune from civil liability to the same extent as provided in Section 10.2 of the Hospital Licensing Act. (Section 3.110(b) of the Act)

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

Section 515.2090 Trauma Center Fund

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- a) The Department shall distribute 97.5% of 50% of the moneys deposited into the trauma center fund, a special fund in the State Treasury, to Illinois hospitals that are currently designated as trauma centers. No moneys may be distributed to a trauma center located outside of the State. (Section 3.225(a) and (b)(3) of the Act) The distribution to individual hospitals shall be based on the number of trauma cases, including cases where the hospital provides initial trauma care only, and the average length of stay for trauma cases at each hospital, according to data for the most recently completed State fiscal year.
- b) The moneys in the fund shall be allocated proportionally to each EMS Region so that the EMS Region receives the moneys collected from within its Region for violations of laws or ordinances regulating the movement of traffic. (Section 3.225(b)(2) of the Act)

1) The total amount of funds per EMS Region will be based on the moneys received from the counties in that Region.

A) If a county has more than one EMS Region, the moneys received from that county shall be divided among the Regions based on each Region's share of the county's trauma cases.

B) EMS Regions that have developed joint EMS Region Plans to enable them to function as one Region shall be treated as one Region in the calculation.

2) At the beginning of each State fiscal year, the Department shall calculate a per trauma case allocation for each Region, which shall be used to determine each trauma center's share of the funds collected during the previous State fiscal year.

c) To determine the percent of the Trauma Fund to be received by each hospital, divide the Hospital Distribution Factor for each trauma center by the Region Distribution Factor.

1) To determine the Region Distribution Factor, add all of the Hospital Distribution Factors for the trauma centers in the Region.

2) To determine the Hospital Distribution Factor, add the hospital's total admission score to the total case value score for the initial trauma care patients treated at the hospital.

A) To determine the hospital's Total Admission Score, multiply the total case value score for admissions by the average length of stay.

1) To determine the total case value score for admissions, assign case values for each patient (one patient may have more than one value, i.e., a person who has an ICU stay after an OR procedure) admitted to the hospital according to the following:

Admission	2
Intensive Care Unit Stay	2
Operating Room Procedure	2
Mechanical Ventilation	3
Discharged to a	

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Rehabilitation Facility 1

The sum of all of the values is the total case value score for the patients admitted to the hospital.

ii) To determine the average length of stay, divide the total length of stay for all patients admitted to the hospital by the total number of patients admitted to the hospital.

B) To determine the total case value score for the initial trauma care patients, assign the case values for each initial trauma care patient treated by the hospital according to the following:

Assigned observation status
and had length of stay >
12 hours from time of
arrival in ED

Dead on arrival 2
Dying in emergency (DIE) with a 0

trauma surgeon evaluation (TSE) 1.25

DIE without a TSE .25

Against medical advice (AMA)
with a TSE 1.25

AMA without TSE .25

Transfer with TSE 1.25

Transfer without TSE .25

The sum of all of the values is the total case value score for the initial trauma care patients treated by the hospital.

d) The Department will distribute funds from the Trauma Center Fund within 90 days after July 1 of each year.

(Source: Added at 21 Ill. Reg. 5170 effective 5/1/97)

Section 515.2100 Pediatric Care

a) Upon the availability of federal funds for development of an emergency medical services for children program, the Department shall appoint an Advisory Board to advise the Department on all matters concerning emergency medical service for children and to develop and implement a plan to address identified pediatric areas of need. The Advisory Board shall assist in the formulation of policy to effect the purposes of the Act and this Part. The Advisory Board shall consist of 25 members to be appointed by the Director for a term of three years. Membership of the Advisory Board shall include:

1) One practicing pediatrician, one pediatric critical care

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physician, one board certified pediatric emergency physician, neonatologist, and one pediatric rehabilitation physician, to be recommended by the Illinois Chapter of the American Academy of Pediatrics;

- 2) One pediatric surgeon, to be recommended by the Illinois Chapter of the American College of Surgeons;
- 3) Two emergency physicians, one to be recommended by the Illinois Chapter of the American College of Emergency Physicians and one to be recommended by the National Association of EMS Physicians;
- 4) One family practice physician, to be recommended by the Illinois Chapter of the American Academy of Family Physicians;
- 5) Two registered nurses, one to be appointed upon recommendation of the Illinois Nurses Association and one to be appointed upon recommendation of the Illinois Chapter of the Emergency Nurses Association;
- 6) Two emergency medical technicians of differing levels, to be appointed, one each, upon recommendation of the Illinois EMT Association and Illinois Fire Fighters Association;
- 7) An EMS Coordinator recommended by the Northern Illinois and Southern Illinois EMS Coordinators Association;
- 8) A representative from each of the following agencies: Division of Specialized Care for Children; Illinois State Police; Illinois Fire Chiefs Association; Illinois State Ambulance Association; Illinois Medical Society; SAFEKIDS Coalition; Illinois Hospital Association; Metropolitan Chicago Healthcare Council; Illinois Department of Children and Family Services; Illinois Kiwanis Association; health policy representative; and a child advocate group;
- 9) A non-voting member from the Division of Emergency Medical Services and Highway Safety and the Division of Family Health (IDPH). EMS Regional representation shall be through board members who serve as representatives of other designated constituencies. Such members shall have dual representation status in advising the Illinois Department of Public Health, but shall retain one vote. The Department shall take into consideration Regional representation when making advisory board appointments.
- b) The Advisory Board members with medical backgrounds shall have expertise and interest in emergency or critical care medical services for children. Vacancies on the Advisory Council shall be filled for the unexpired term by appointment of the Director in the same manner as originally filled. The members of the Advisory Board shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties, including travel expenses. A majority of the members of the Advisory Board shall constitute a quorum for the conduct of business of the advisory committee. A majority vote of the members present at a meeting at which a quorum is established shall be necessary to validate any

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action of the committee.
The Department, with the advice of the Advisory Board, shall address and establish through the EMSC program at least the following:

- 1) Initial and continuing education programs for emergency medical services personnel which shall include training in the emergency care of infants and children;
- 2) Guidelines for referring children to the appropriate emergency or critical care medical facilities;
- 3) Guidelines for pre-hospital, hospital and other pediatric emergency or critical care medical service equipment;
- 4) Guidelines and protocols for pre-hospital and hospital facilities encompassing all levels of pediatric emergency medical services, hospital and pediatric critical care services, including, but not limited to, triage, stabilization, treatment, transfers and referrals;
- 5) Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children and if necessary to prepare the child for transfer to pediatric intensive care unit or pediatric trauma center;
- 6) Guidelines for pediatric intensive care units, pediatric trauma centers and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists;
- 7) An inter-facility transfer system for critically ill or injured children;
- 8) Guidelines for pediatric rehabilitation units to ensure staffing by rehabilitation specialists and capabilities to provide any service required to assure maximum recovery from the physical, emotional and cognitive effects of critical illness and severe trauma;
- 9) Guidelines for the implementation of public education and injury prevention programs throughout the State in conjunction with local fire, public safety and school personnel;
- 10) Guidelines for the collection, analysis and dissemination of pediatric quality improvement information regarding ongoing improvements in the EMSC program; and
- 11) Guidelines and protocols for pre-hospital providers and hospital facilities for the treatment, documentation, reporting and professional interactions with family members, and for referrals to social, psychological and rehabilitation services in suspected cases of child maltreatment.

(Source: Added at 21 Ill. Reg. 5170, effective APR 1, 1997)

SUBPART I: EMS ASSISTANCE FUND

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Section 515.3000 EMS Assistance Fund Administration

- a) *EMT licensure examination fees collected shall be distributed by the Department to the Resource Hospital of the EMS System in which the EMT candidate was educated, to be used for educational and related expenses incurred by the System's hospitals, as identified in the EMS System Program Plan. (Section 3.220(b) of the Act)*
- b) *All other moneys within the EMS Assistance Fund shall be distributed by the Department to the EMS Regions for disbursement in accordance with protocols established in the EMS Region Plans, for the purposes of organization, development and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies, equipment and vehicles. (Section 3.220(c) of the Act)*
- c) **Award of Funds**
- 1) Any Illinois licensed/designated EMS participant that provides EMS service within the State of Illinois may apply for funds through the Regional EMS Advisory Committee.
 - A) Application shall be made on forms prescribed and provided by the Department.
 - B) Applicants shall provide evidence of financial planning, to include but not be limited to: equipment replacement plans, budgeting plans, and fundraising plans.
- 2) Programs, services and equipment funded by the EMS Assistance Fund shall comply with the Act, this Part and the EMS Regional Plan in which the applicant participates.
- 3) The award of funds shall be based upon demonstrated need and one or more of the following:
- A) Establishment of a new EMS agency, program or service where needed to improve emergency medical services available in an area;
 - B) Expansion or improvement of an existing EMS agency, program or service;
 - C) Replacement of equipment that is unserviceable or procurement of new equipment; and
 - D) Establishment, expansion or improvement of EMS education and training programs including the adult and pediatric population.
- 4) Deadlines for submission of applications shall be March 1 of each year. For 1997 only, the deadline shall be April 1. Applications must be received in the Division of Emergency Medical Services and Highway Safety by 5:00 pm on the date of the deadline. If the deadline falls on a Saturday, Sunday or State holiday, the application must be received by 5:00 pm the next business day.
- 5) Grants shall be awarded by July 1 of each year.
- 6) All recipients shall be asked to enter into a grant agreement as prescribed by the Department.
- d) **Emergency Awards**

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- 1) The Regional EMS Advisory Committee may recommend that the Department issue emergency awards. Emergency awards shall not exceed 10 percent of the total funds available in a year.
 - 2) Applications shall be made in accordance with subsections (c) (1) and (2) of this Section.
 - 3) The award of funds shall be based on the demonstrated needs arising from a natural or man-made disaster.
- e) **Amount of Award**
- 1) The amount of the award shall be based on the amount requested by the applicant, the recommendation of the Regional EMS Advisory Committee and the amount available in the Fund for distribution. The amount awarded shall not exceed the amount requested by the applicant.
 - 2) It shall be the responsibility of the applicant to provide adequate information to substantiate the requested amount or any hardship claim.
- g) **Reporting Requirements**
- The grantee shall submit a report to the Division of Emergency Medical Services and Highway Safety every six months detailing the status of the grant funds. Within 60 days after the final disbursement of the grant funds, a final report shall be submitted to the Division. The final report shall consist of a financial report for the project and a brief narrative describing the completed project.
- h) **Modification of a Grant Agreement**
- 1) Any change in the use of grant funds from that specified in the approved application shall be permitted only by modification of the grant agreement. The grantee may request the modification of the grant agreement by writing the Chief of the Division of Emergency Medical Services and Highway Safety detailing the reasons and circumstances necessitating the request. The award may be suspended and all disbursements of funds held. There shall exist reasonable cause for suspension, such as:
 - A) Failure to comply with the Act and this Part;
 - B) Failure to follow the EMS Region Plan in which the grantee participates; and
 - C) Violation of the terms of the grant agreement.

(Source: Added at 21 Ill. Reg. 5170, effective April 1, 1997)

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Section 515. APPENDIX A A Request for Designation (RFD) Trauma Center

- a) Name and address of hospital (typed)
- _____
- _____
- _____
- _____

- 1) Specify the designation level for which your hospital is applying:
- A) Level I _____
- B) Level II _____

- 2) The above named facility certifies that each requirement listed in this Request for Designation is met and will be operational by the date of designation.
- _____
- Typed name CEO/Administrator
- _____
- Signature CEO/Administrator Date
- _____
- Typed name Trauma Director
- _____
- Signature Trauma Director Date
- _____
- Contact person and phone
- _____

- b) Level I Designation Criteria
- Provide a Trauma Plan which explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care. (Section 3.185 of the Act) The Trauma Plan must be submitted in the order listed in this Appendix A. Each section of the Plan must reference the applicable portion of this Part by subsection number.

- 1) Table of Organization
- Construct a Table of Organization to show the administrative relationships among all departments in the hospital, especially

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as they relate to the trauma service. In addition, please include a separate table that shows the structure of the trauma service. The table must include but is not limited to:

- A) Board of Directors
- B) Chief Executive Officer
- C) Department of Surgery
- D) Trauma Service
- E) Department of Medicine
- F) Department of Radiology
- G) Emergency Department
- H) Rehabilitation Department

2) Trauma Director Requirements

- A) Job Description (Section 515.2030(n))
- B) Curriculum Vitae (Section 515.2030(b))

3) Surgical Services

- A) Description of the Trauma Service (Section 515.2030(c))
- B) Complete Attachment 1 to describe the trauma surgeon staffing and availability.
- C) If general surgery residents are used to fulfill the trauma surgeon requirement, provide a statement regarding the level of training; independent operating room privileges; and supervision and oversight.
- D) Provide a statement regarding the ability to meet the requirements for surgical services in Section 515.2030(d)(1)-(10) and (e). Each surgical service must have a separate statement.

4) Non-surgical services and professional staff

- A) Emergency Department Director - Provide board certification (Section 515.2030(g)(1)).
- B) Emergency Physicians - Complete Attachment 2 (Section 515.2030(f)(1)(A)).
- C) Emergency Medicine Registered Nurse staffing (Section 515.2030(f)(1)(B) and Trauma Nurse Specialty requirements (Section 515.2030(g)(2)) - Provide a statement that describes the staffing for each.
- D) Anesthesiology services - Provide a statement that describes the staffing (Section 515.2030(f)(2)).
- E) Radiology staff - Describe (Section 515.2030(f)(3)).
- F) Intensive Care Medicine Unit - Describe bed availability (who has authority to move patients out to allow for admission of new patients; physician responsible for trauma patients; use of residents and nursing staffing (Section 515.2030(f)(4)). Provide a statement regarding the ability to meet the Intensive Care Unit equipment requirements.
- G) Laboratory - Provide a statement regarding the ability to meet the requirements (Section 515.2030(f)(5)).
- H) Other staffing and services - Provide a statement regarding the ability to meet requirements (Section

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- 515.2030(f)(6)-(11) and (g)(3) and (4)).
- 5) Equipment - Provide a statement regarding the trauma center's ability to provide and maintain the equipment listed in Section 515.2030(h)(1)-(11).
- 6) Helicopter landing - Provide documentation to substantiate the requirements are being met (Section 515.2030(i)(1)-(4)).
- 7) Medical Audits - Provide the trauma center plan to perform outcome analysis as described in Section 515.2030(j)(1)-(3).
- 8) Written protocols - Provide protocols as follows:
- A) Protocols and policies for treating patient (Section 515.2030(k)(1) and (3), (1))
- B) Minimum Trauma Field Triage Criteria (Section 515.Appendix C)
- C) In-house Triage policy (Section 515.Appendix F)
- D) Transferring patient to more specialized care (Section 515.2030(k)(2), Section 515.1060(e))
- 9) Trauma Flow Sheet - Provide a copy of the facility flow sheet (Section 515.2030(n)).
- 10) Resource limitation policy that meets the requirements of Section 515.2030(q)(1) and (2).
- 11) Trauma Center Uniform Reporting Requirements (Section 515.2050(a)-(d)). Provide a statement which includes:
- the equipment available to meet the requirements
 - staff committed to support the registry reporting requirement
 - process used to identify reportable cases
 - commitment to meet reporting deadlines
 - software to be used for reporting

c) Level II Designation Criteria

Provide a Trauma Plan which explains how each of the requirements will be met. Options include provision of services in-house, by transfer agreement or by waiver. Requests for waiver must include the requirement or standards with which it considers compliance to be a hardship and demonstrate how there will be no reduction in the standards of medical care. (Section 3.185 of the Act) Each section of the Trauma Plan must reference the applicable portion of this Part by subsection number.

1) Table of Organization

Construct a Table of Organization to show the administrative relationships among all departments in the hospital, especially as they relate to the trauma service. In addition, please include a separate table that shows the structure of the trauma service. The table must include but is not limited to:

- A) Board of Directors
 B) Chief Executive Officer
 C) Department of Surgery
 D) Trauma Service
 E) Department of Medicine

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- F) Department of Radiology
 G) Emergency Department
 H) Trauma Director Requirements
 A) Job Description (Section 515.2040(o))
 B) Curriculum Vitae (Section 515.2040(b))
 C) Surgical Services
 A) Description of the Trauma Service (Section 515.2040(c)).
 B) Complete Attachment 1 to describe the trauma surgeon staffing and availability.
 C) If general surgery residents are used to fulfill the trauma surgeon requirement, provide a statement regarding the level of training; independent operating room privileges; and supervision and oversight.
 D) Provide a statement regarding the ability to meet the requirements for surgical services in Section 515.2040(d)(1)-(4) and (e)(1)-(6). Each surgical service must have a separate statement.
 E) Emergency Physicians - Complete Attachment 2 (Section 515.2040(f)(1)(A)).
 F) Emergency Medicine Registered Nurse Staffing (Section 515.2040(f)(1)(B)) and Trauma Nurse Specialty requirements (Section 515.2040(g)(2)) - Provide a statement that describes the staffing for each.
 G) Anesthesiology services - Provide a statement that describes the staffing (Section 515.2040(f)(2)).
 H) Radiology staff - Describe (Section 515.1040(f)(4)).
 I) Intensive Care Medicine Unit - Describe bed availability (who has authority to move patients out to allow for admission of new patients; physician responsible for trauma patients; use of residents and nursing staffing (Section 515.2040(f)(8)(A) and (B)). Provide a statement regarding the ability to meet the Intensive Care Unit equipment requirements (Section 515.2040(f)(8)(C)).
 J) Laboratory - Provide a statement regarding the ability to meet the requirements (Section 515.2040(f)(3)(A)-(G)).
 K) Other staffing and services - Provide a statement regarding the ability to meet requirements (Section 515.2040(f)(5), (6), (7), (9), (10)).
 L) Equipment - Provide a statement regarding the trauma center's ability to provide and maintain the equipment listed in Section 515.2040(h)(1)-(12).
 M) Helicopter landing - Provide documentation to substantiate the requirements are being met (Section 515.2040(i)(1)-(4)).
 N) Medical Audits - Provide the trauma center plan to perform outcome analysis as described in Section 515.2040(j)(1)-(3).
 O) Written protocols - Provide protocols as follows:
 A) Protocols and policies for treating patients (Section

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- 515.2040(k)(1) and (3)).
- B) Minimum Trauma Field Triage Criteria (Section 515.Appendix C).
- C) In-house Triage policy (Section 515.Appendix F).
- D) Transferring patients to more specialized care (Section 515.2040(k)(2), Section 515.2060(e)).
- 9) Trauma Flow Sheet - Provide a copy of the facility flow sheet (Section 515.2040(n)).
- 10) Resource limitation policy that meets the requirements of Section 515.2040(q)(1) and (2).
- 11) Trauma Center Uniform Reporting Requirements (Section 515.2050(a)-(d)) - Provide a statement which includes:
- the equipment available to meet the requirements
 - staff committed to support the registry reporting requirement
 - process used to identify reportable cases
 - commitment to meet reporting deadlines
 - software to be used for reporting.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

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Section 515.APPENDIX B A Request for Renewal of Trauma Center Designation

- a) Name and address of hospital

- b) Designation renewal level for which your hospital is applying:

- 1) Level I _____
- 2) Level II _____

Any change in designation level requires that the appropriate Request for Designation (RFD) Trauma Center be completed.

- c) The above named facility certifies that each requirement listed in this Request for Renewal of Trauma Center Designation is met.

Signature CEO/Administrator Date

Signature Trauma Director Date

Contact person and phone number

- d) Provide updated copies of all documents submitted for the most recent designation application or renewal request as outlined in Section 515.Appendix A for Level I or for Level II, items 1-11. This will constitute an updated Trauma Plan. The plan must be submitted in the order listed. Each item in the Trauma Plan must reference the applicable portion of this Part by subsection number.
- e) Provide copies of minutes, on site or upon request, from any committees that are involved in focused outcome analysis for the most recently completed three months. All information contained in or relating to any medical audit performed of a Trauma Center's trauma services...shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21, of the Code of Civil Procedure. (Section 3.110 of the Act)
- f) Medical records may be requested to complete the renewal request.

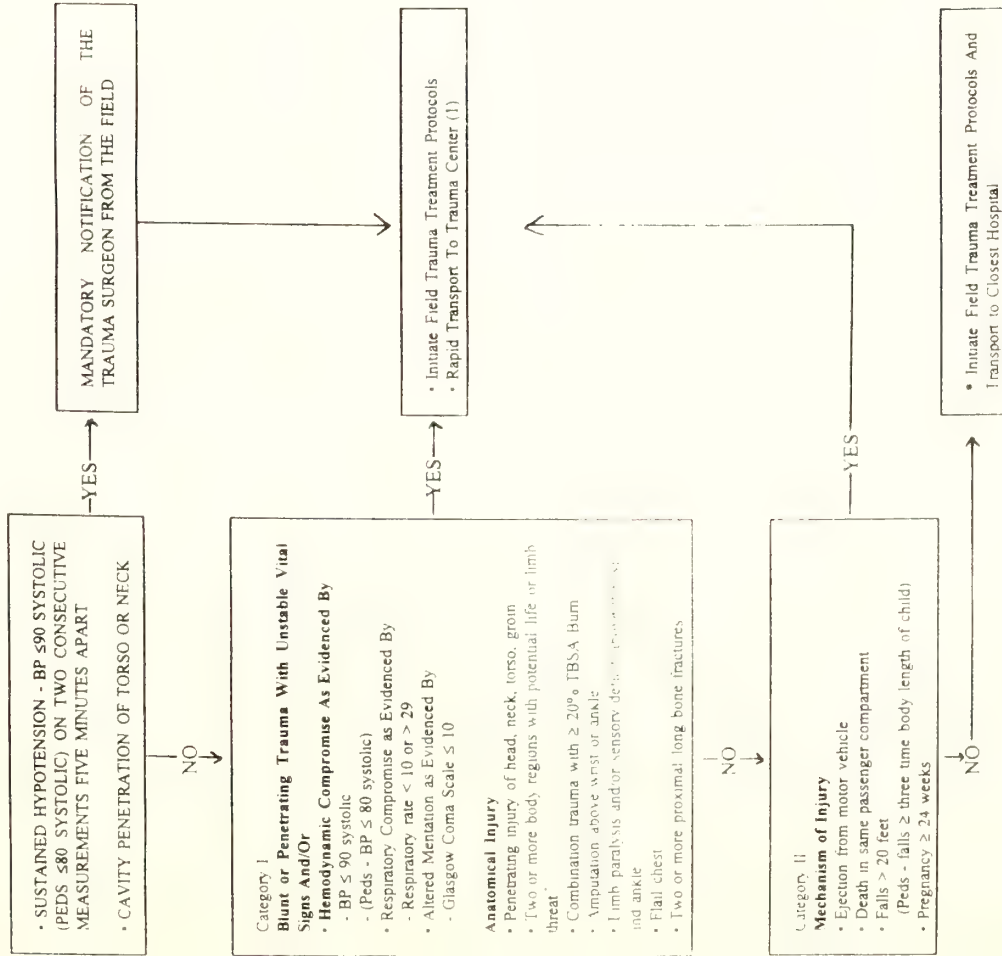
(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

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Section 515, APPENDIX C Minimum Trauma Field Triage Criteria

Minimum Trauma Field Triage Criteria*



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(1) > 25 minutes from Trauma Center, transport to nearest affiliate trauma hospital.

> 30 minutes from Trauma Center or affiliate trauma hospital, transport to nearest hospital.

> 45 minutes from Trauma Center or affiliate trauma hospital in a rural area where there is no comprehensive hospital available, transport to the nearest hospital.

* Adapted from Trauma Care System Guidelines, ACEP, 1992, and Resources for Optimal Care of the Injured Patient, ACS, 1993. It is expected that each Region will expand upon this minimal triage set based on individual assessments, resources, and outcomes.

(Source: Added at 21 Ill. Reg. 5170, effective APR 15 1997)

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Section 515. APPENDIX D Standing Medical Orders**1. STANDING MEDICAL ORDERS/CARDIAC PROTOCOLS shall include at a minimum:**

Routine Cardiac Care
Cardiac Arrest
Cardiogenic Shock
Ventricular Fibrillation
Ventricular Tachycardia
Ventricular Ectopy
EMD/PEA
PVST
Bradycardia
Asystole

2. STANDING MEDICAL ORDERS/TRAUMA PROTOCOLS shall include at a minimum:

Field Triage Protocols
Shock (Hypovolemia)
Spinal Cord
Head Trauma
Load and Go Situations
Traumatic Arrest
Amputated Parts
Burns

3. STANDING MEDICAL ORDERS/PROTOCOLS FOR MEDICAL EMERGENCIES shall include at a minimum:

Asthma
Anaphylactic Shock
Diabetic Emergencies
Drug Overdose
Coma, Origin Unknown
Status Epilepticus
Seizures
Heat Emergencies
Cold Emergencies
Poisoning
Radiation Injuries
Renal Protocols (care of patients with shunts and fistulas)
Near Drowning

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NOTICE OF ADOPTED AMENDMENTS

4. STANDARD MEDICAL ORDERS/OBSTETRIC/GYNECOLOGICAL PROTOCOLS shall include at a minimum:

Normal Deliveries
Hemorrhage, including third trimester bleeding
Abnormal Deliveries (i.e., cord or breech presentation)
Resuscitation of the Newborn
Rape/Sexual Assault

5. STANDING MEDICAL ORDERS/PEDIATRIC PROTOCOLS shall include at a minimum:

PEDIATRIC PRIMARY ASSESSMENT - A foundation for all pediatric patient interactions, this protocol should reinforce the need for consistent, methodical patient assessment. Commonly referred to as "routine medical care" in adult protocols, the protocol should reinforce the following:

- Importance of rapid BLS interventions (i.e., CPR) specifically
- airway support
- Age appropriate signs and symptoms of pediatric respiratory distress
- Age appropriate airway interventions including the use of "blow-by" oxygen administration
- Indicators of adequate ventilation and perfusion
- Age appropriate immobilization of the pediatric trauma patient
- Recognition of and monitoring for imminent life threats
- Unique assessment considerations and emergent care requirements of children with special health care needs (CSHN), including those who are technologically dependent. Emphasize the appropriate inclusion of parents/primary caregivers

TREATMENT AND RECOGNITION OF THE FOLLOWING DYSRHYTHMIA:

- Asystole
- Pulseless Electrical Activity
- Ventricular Fibrillation or Pulseless Ventricular Tachycardia
- Ventricular Tachycardia

Treatment modalities/algorithms should be consistent with the guidelines set forth by the American Heart Association's "Pediatric Advanced Life Support" algorithms. The use of intraosseous access should be taught to all ALS providers.

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NOTICE OF ADOPTED AMENDMENTS

NEONATAL RESUSCITATION - Must incorporate the specific heart rate parameters and requisite interventions according to the American Heart Association recommendations.

PEDIATRIC RESPIRATORY ARREST - Treatment must be in accordance with the American Heart Association "Pediatric Advanced Life Support" guidelines.

PEDIATRIC RESPIRATORY DISTRESS - Differentiation should be made between "upper airway obstruction" (i.e., croup, epiglottitis and foreign body) and other "non-obstructive" causes of respiratory insufficiency (i.e., asthma, bronchiolitis, pneumonia). The potential for invasive airway interventions must also be identified.

PEDIATRIC BRADYCARDIA - Treatment in accordance with the American Heart Association recommendations.

PEDIATRIC TACHYCARDIA - Interventions for both wide and narrow complex tachycardias in accordance with the American Heart Association recommendations.

PEDIATRIC SHOCK - Differentiation should be made between "hypovolemic" (dehydration, hemorrhagic) and "distributive" (sepsis).

PEDIATRIC ALLERGIC REACTION/ANAPHYLAXIS - Special attention to the differentiation between symptomatic (hives), mild respiratory distress and severe respiratory distress.

PEDIATRIC SEIZURE - Must include the identification of rapid blood glucose monitoring in the field, considerations for febrile seizures and administration of rectal benzodiazepines (specifically in children less than 3 years old).

PEDIATRIC ALTERED LEVEL OF CONSCIOUSNESS - Emphasize the importance of recognizing etiology, aggressive airway maintenance, glucose monitoring and naloxone administration.

PEDIATRIC TOXIC EXPOSURES/INGESTIONS - Incorporate accidental/environmental events commonly encountered in the pediatric population. Special consideration should be made to the susceptibility of children to environmental events such as hyperthermia.

PEDIATRIC HYPOTHERMIA - Emphasize the pediatric population at high risk for hypothermia: neonates and infants. Address aggressive airway management, warming techniques and recognition of frostbite injury. Interventions for arrhythmias in accordance with the American Heart Association recommendations.

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NOTICE OF ADOPTED AMENDMENTS

PEDIATRIC NEAR DROWNING - Emphasize aggressive airway management and the potential for associated cervical spine injury and hypothermia.

PEDIATRIC BURNS - Special emphasis on the pediatric "rule of nines" for burn size estimation, aggressive airway management and triage to the appropriate facility. Differentiation should be made between thermal injuries, chemical injuries and electrical injuries.

PEDIATRIC TRAUMA - Emphasis should be made on mechanism of injury, limited on-scene time, aggressive airway maintenance and field triage to the appropriate facility and addressing the unique needs of the head-injured child.

SUSPECTED CHILD ABUSE/NEGLECT - Special emphasis should be made on careful documentation of physical findings, discrepancy between history of injury and physical findings, interaction between child and parent/caregiver, and characteristics of the environment. Discuss the pre-hospital provider's responsibility as a mandated reporter, and to report suspicions to the emergency room staff. Include directions for responding to parent/caregiver refusal to allow transport.

6. STANDING MEDICAL ORDERS/PROTOCOLS FOR SPECIAL SITUATIONS shall include at a minimum:

Psychological Emergencies

Spousal Abuse

Geriatric Abuse

Child Abuse

7. STANDING MEDICAL ORDERS/PROTOCOLS FOR THE PROCEDURES LISTED as well as any others which may be System specific:

Adult Intubation Procedure

Pediatric Intubation Procedure

Defibrillation

Transtacheal Ventilation-Cricothyrotomy

Chest Decompression

Cardioversion

Medication Administration-IV/ett

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8. Standing medical orders may be organized as assessment based versus diagnostic, such as, altered mental status, abnormal vital signs, dysrhythmias and/or blocks, respiratory distress, chest pain.

(Source: Added at 21 Ill. Reg. effective
APR 1 5 1997 5170)

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Section 515. APPENDIX E Minimum Prescribed Data Elements

General information including but not limited to: agency and unit number, county, crash number (when available), date of call and incident location and type, destination location, type of medical control, transport and non-transport information, resource hospital, crew member identification number, incident number, patient zip code.

Response time information including: time call received, time dispatched, time enroute, arrival time at location, patient contact time, departure time from location, arrival time at destination.

Documentation of who, other than the crew, renders assistance at the scene and the nature of the assistance.

Patient assessment including but not limited to: initial vital signs (systolic, diastolic, pulse, respirations), skin condition, Glasgow Coma Scale, past medical history, current illness/symptom (chief and secondary), injury site and type, injury criteria, pupils and where the patient was sitting in the vehicle.

Patient information including but not limited to: gender, ethnic origin, date of birth, possible contributing factors to the injury/illness (i.e., motor vehicle, alcohol, equipment, HAZMAT, sports, etc.), protection used by the patient (i.e., seat belt, helmet, etc.), resuscitation status, approximate pediatric weight.

Patient treatment including but not limited to: actual treatment rendered, medications administered, IV type, rate, site and attempts, EKG, body substance isolation, and CPR information (arrest witnessed, defibrillation, etc.), intubations and number of attempted intubations.

(Source: Added at 21 Ill. Reg. effective
APR 1 5 1997 5170)

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Section 515. APPENDIX F Template for In-House Triage for Trauma Centers

It is expected that each trauma center will expand upon the minimum triage set based on individual assessments, resources and outcomes. The criteria are consistent with the Minimum Trauma Field Triage Criteria for transport to a trauma center.

a) Patient Evaluation

- 1) Any EMS System transported patients who are classified under Category I in the Minimum Trauma Field Triage Criteria require rapid transport to a trauma center. Mandatory field notification of a trauma surgeon will occur in cases of:

- A) Sustained hypotension (blood pressure less than or equal to 90 Hg systolic for an adult and less than or equal to 80 Hg for a pediatric patient on two consecutive measures five minutes apart); or

- B) Cavity penetration of the torso or neck.

- 2) Patients who are classified in the field or in any pre-hospital setting shall be evaluated by the ED's attending emergency physician or designee immediately upon arrival. (Section 515.2060(a))

- 3) Patients who are not classified as trauma prior to arrival shall be evaluated to assess whether they should be classified as a trauma patient within 10 minutes after arrival. (Section 515.2060(b))

- 4) Within the above 10 minute evaluation period, the patient must be determined to be Category I or Category II. The response periods for both categories are described below.

- 5) Patients may be upgraded at any time during ED treatment. The surgeon response time requirements begin at the time of upgrade.

- 6) Once the patient has been assigned a Category I or II status that patient cannot be downgraded until the patient is evaluated by the trauma surgeon or appropriate subspecialist.

b) Category I

The trauma center must activate its trauma team response (which includes a trauma surgeon, resident or other surgical specialty in lieu of the trauma surgeon) for patients who meet these criteria. Level II trauma centers require a 30-minute response from the time of

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NOTICE OF ADOPTED AMENDMENTS

identification of need. If a back-up surgeon is used, the 30-minute time for response is based on the trauma patient identification time, not the time of the contact to the back-up surgeon. Any patient can be made a Category I based on the ED physician's discretion.

Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist within 60 minutes after trauma patient identification, except for neurosurgery and Level I OB/GYN, pediatric surgery and cardiovascular surgery. When neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of the need for operative intervention. In a Level I trauma center, the OB/GYN, pediatric surgery or cardiovascular surgical subspecialist must arrive within 30 minutes after notification of the subspecialist that his or her services are needed at the hospital. Where specialty services are provided by transfer agreement, a transfer to a specialty center shall commence within 30 minutes after the patient's arrival, and shall be completed within two hours. An isolated injury refers to transfer of energy to a single anatomic body region with no potential for multisystem involvement.

c) Category II

Any other patient who is admitted for traumatic injury requires notification/consultation with the trauma surgeon or subspecialist at the time the decision to admit is made. The patient will be seen by the trauma surgeon or appropriate surgical subspecialist within 12 hours after emergency department arrival.

Any patient meeting the definition for isolated injury requires a telephone consultation with the appropriate subspecialist (within 60 minutes Level II and 30 minutes Level I) of identified need by the emergency department physician except for neurosurgical injury which requires an on-site consultation within 60 minutes after notification of the neurosurgeon that his or her services are needed at the hospital. In a Level I trauma center, the surgical subspecialist for OB/GYN, pediatric and cardiovascular thoracic surgery must arrive within 30 minutes after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. Where specialty services are provided by transfer agreement, a transfer to a specialty center shall commence within 30 minutes after the patient's arrival, and the transfer shall be completed within two hours. An isolated injury refers to the transfer of energy to a single anatomic body region with no potential for multisystem involvement.

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Category I criteria include at minimum but are not limited to items in the Category I box, Minimum Trauma Field Triage Criteria (Section 515. Appendix C).

Category II criteria include at minimum but are not limited to items in the Category II box, Minimum Field Triage Criteria (Section 515. Appendix C).

(Source: Added at 21 Ill. Reg. 5170, effective
APR 15 1994)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Emergency Medical Services (EMS) Systems Code

2) Code Citation: 77 Ill. Adm. Code 535

3) Section Numbers: Adopted Action:

535.10	Repealer
535.20	Repealer
535.50	Repealer
535.60	Repealer
535.100	Repealer
535.110	Repealer
535.120	Repealer
535.130	Repealer
535.140	Repealer
535.150	Repealer
535.160	Repealer
535.200	Repealer
535.210	Repealer
535.215	Repealer
535.216	Repealer
535.217	Repealer
535.220	Repealer
535.230	Repealer
535.240	Repealer
535.250	Repealer
535.260	Repealer
535.265	Repealer
535.270	Repealer
535.300	Repealer
535.310	Repealer
535.315	Repealer
535.320	Repealer
535.330	Repealer
535.335	Repealer
535.340	Repealer
535.350	Repealer
535.400	Repealer
535.410	Repealer
535.415	Repealer
535.420	Repealer
535.430	Repealer
535.432	Repealer
535.435	Repealer
535.440	Repealer
535.450	Repealer
535.500	Repealer
535.510	Repealer
535.515	Repealer

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NOTICE OF ADOPTED REPEALER

535.520 Repealer
 535.530 Repealer
 535.532 Repealer
 535.535 Repealer
 535.540 Repealer
 535.550 Repealer
 535.550 Repealer
 535.600 Repealer
 535.650 Repealer
 535.700 Repealer
 535.750 Repealer
 535.800 Repealer
 535.810 Repealer
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 535.943 Repealer
 535.950 Repealer
 535.951 Repealer
 535.952 Repealer
 535.953 Repealer
 535.1000 Repealer

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective Date of Rules: April 15, 1997

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: April 15, 1997

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

- 9) Date Notice(s) of Proposal was Published in Illinois Register: August 30, 1996 - 20 Ill. Reg. 11743
- 10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No
- 11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:
 No changes were suggested.
 The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:
 No comments were received.
 In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.
- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.
- 13) Will the Rules Replace an Emergency Rule Currently in Effect? No
- 14) Are there any other Amendments Pending on this Part? No
- 15) Summary and Purpose of Rules: These rules are being repealed in response to Public Act 89-177, which revised the EMS Act. Replacement rules (77 Ill. Adm. Code 515) are being adopted in conjunction with this Repealer.
- 16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail Devito
 Division of Governmental Affairs
 Department of Public Health
 535 West Jefferson, Fifth Floor
 Springfield, Illinois 62761
 217/782-6187

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Illinois Trauma Center Code

2) Code Citation: 77 Ill. Adm. Code 540

3) Section Numbers: Adopted Action:

540.10 Repealer
 540.20 Repealer
 540.30 Repealer
 540.35 Repealer
 540.40 Repealer
 540.50 Repealer
 540.60 Repealer
 540.65 Repealer
 540.70 Repealer
 540.80 Repealer
 540.90 Repealer
 540.100 Repealer
 540.110 Repealer
 540.120 Repealer
 540.130 Repealer
 540.140 Repealer
 540.150 Repealer
 540.160 Repealer
 540.170 Repealer
 540.180 Repealer
 540.190 Repealer
 540.200 Repealer
 540.210 Repealer
 540.220 Repealer
 540. Appendix A Repealer
 540. Illustration A Repealer

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective Date of Rules: April 15, 1997

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: April 15, 1997

9) Date Notice(s) of Proposal was Published in Illinois Register: August 30, 1996 - 20 Ill. Reg. 11835

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No

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NOTICE OF ADOPTED REPEALER

11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

No changes were suggested.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

No comments were received.

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rules: These rules are being repealed in response to Public Act 89-177, which revised the EMS Act. Replacement rules (77 Ill. Adm. Code 515) are being adopted in conjunction with this Repealer.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
 Division of Governmental Affairs
 Department of Public Health
 535 West Jefferson, Fifth Floor
 Springfield, Illinois 62761
 217/782-6187

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Trauma Nurse Specialist Course Code

2) Code Citation: 77 Ill. Adm. Code 542

3) Section Numbers: Adopted Action:

542.10 Repealer
542.20 Repealer
542.30 Repealer
542.40 Repealer
542.50 Repealer
542.60 Repealer
542.70 Repealer
542.80 Repealer
542.90 Repealer
542.100 Repealer

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective Date of Rules: April 15, 1997

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: April 15, 1997

9) Date Notice(s) of Proposal was Published in Illinois Register: August 20, 1996 - 20 Ill. Reg. 11886

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No

11) Difference Between Proposal and Final Version:

The following changes were made in response to comments received during the first notice or public comment period: No changes were suggested.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules: No comments were received.

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rules: These rules are being repealed in response to Public Act 89-177, which revised the EMS Act. Replacement rules (77 Ill. Adm. Code 515) are being adopted in conjunction with this Repealer.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
Division of Governmental Affairs
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, IL 62761
217/782-6187

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
NOTICE OF EMERGENCY REPEALER

1) Heading of the Part: National Affordable Housing Act (HOME) Program

2) Code Citation: 47 Ill. Adm. Code 370

3) Section Numbers: Proposed Action:

370.101 Repeal
370.102 Repeal
370.103 Repeal
370.104 Repeal
370.105 Repeal
370.106 Repeal
370.107 Repeal
370.108 Repeal
370.109 Repeal
370.110 Repeal
370.111 Repeal
370.112 Repeal
370.113 Repeal
370.201 Repeal
370.202 Repeal
370.203 Repeal
370.204 Repeal
370.205 Repeal
370.206 Repeal
370.207 Repeal
370.208 Repeal
370.209 Repeal
370.210 Repeal
370.211 Repeal
370.212 Repeal
370.301 Repeal
370.302 Repeal
370.303 Repeal
370.304 Repeal
370.305 Repeal
370.401 Repeal
370.402 Repeal
370.501 Repeal
370.502 Repeal
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370.507 Repeal
370.508 Repeal
370.601 Repeal
370.602 Repeal
370.603 Repeal

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
NOTICE OF EMERGENCY REPEALER

370.604 Repeal
370.605 Repeal
370.701 Repeal
370.702 Repeal
370.703 Repeal
370.704 Repeal
370.705 Repeal
370.706 Repeal
370.707 Repeal
370.801 Repeal
370.802 Repeal
370.901 Repeal
370.902 Repeal
370.903 Repeal
370.904 Repeal
370.1001 Repeal
370.1002 Repeal
370.1003 Repeal
370.1004 Repeal
370.1005 Repeal
370.1006 Repeal
370.1007 Repeal
370.1101 Repeal

4) Statutory Authority: Title II of the National Affordable Housing Act of 1990 (the "HOME Act") (42 U.S.C. Section 12701 et seq.) and the regulations promulgated thereunder (24 CFR Part 92) and authorized by Sections 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act (20 ILCS 3805/7.19, 7.24(a) and 7.25).

5) Effective Date of Repealer: April 11, 1997

6) If this emergency repealer is to expire before the end of the 150-day period, please specify the date on which they expire: N/A

7) Date Filed in Agency's Principal Office: February 21, 1997

8) Reason for Emergency: The existing rules are out of date; they do not contain the requirements set forth in the final federal HOME regulations. The HOME Act provides for the allocation of funds to states to conduct programs to make loans and grants to individuals, organizations and governmental entities for the purpose of acquiring, constructing, rehabilitating, developing and operating single family and multi-family housing for, or providing assistance to, low- and very low-income households and families. The Governor has designated the Authority to administer the funds allocated to the State of Illinois under the HOME Act. The desperate need for affordable housing requires that this Part be submitted on an emergency basis.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF EMERGENCY REPEALER

9) A Complete Description of the Subjects and Issues Involved: These emergency rules establish the procedures for operating the program established by the Authority to distribute funds allocated to the State of Illinois under the HOME Act (the "HOME Program"). The HOME Program administers these funds for loans and grants used in connection with the acquisition, construction, rehabilitation, development and operation of single family and multi-family housing for, or providing rental assistance to, low- and very low-income households and families.

10) Are there any proposed amendments to this Part Pending? No

11) Statement of Statewide Policy Objectives: These emergency rules are used to implement a statewide program that creates and retains affordable housing in Illinois for low- and very low-income households and families.

12) Information and questions regarding this repealer shall be directed to:

Crystal S. Maher, Esq.
401 N. Michigan Ave., Suite 900
Chicago, IL 60611
312/836-5200

The full text of the emergency repealer begins on the next page:

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF EMERGENCY REPEALER

TITLE 47: HOUSING AND COMMUNITY DEVELOPMENT
CHAPTER II: ILLINOIS HOUSING DEVELOPMENT AUTHORITY

PART 370

NATIONAL AFFORDABLE HOUSING ACT (HOME) PROGRAM (REPEALED)

SUBPART A: GENERAL RULES

Section	Authority
370.101	
<u>EMERGENCY</u>	
370.102	Purpose and Objectives
<u>EMERGENCY</u>	
370.103	Definitions
<u>EMERGENCY</u>	
370.104	Compliance with Federal Law
<u>EMERGENCY</u>	
370.105	Standards
<u>EMERGENCY</u>	
370.106	Forms and Procedures for the program
<u>EMERGENCY</u>	
370.107	Fees and Charges of the Authority
<u>EMERGENCY</u>	
370.108	Waiver
<u>EMERGENCY</u>	
370.109	Amendment
<u>EMERGENCY</u>	
370.110	Severability
<u>EMERGENCY</u>	
370.111	Gender and Number
<u>EMERGENCY</u>	
370.112	Titles and Captions
<u>EMERGENCY</u>	
370.113	Calendar Days
<u>EMERGENCY</u>	

SUBPART B: GENERAL PROGRAM REQUIREMENTS

Section	
370.201	Eligible Beneficiaries
<u>EMERGENCY</u>	
370.202	Eligible Activities
<u>EMERGENCY</u>	
370.203	Forms of Assistance
<u>EMERGENCY</u>	
370.204	Minimum Amount of Assistance
<u>EMERGENCY</u>	
370.205	Eligible Costs

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF EMERGENCY REPEALER

EMERGENCY
 370.206 New Construction
EMERGENCY
 370.207 Tenant-Based Rental Assistance
EMERGENCY
 370.208 Religious Organizations
EMERGENCY
 370.209 Prohibited Activities
EMERGENCY
 370.210 Limitations on Recipients Under Court Order
EMERGENCY
 370.211 Conflict of Interest
EMERGENCY
 370.212 Debarment Certification
EMERGENCY

SUBPART C: APPLICATION

Section
 370.301 Application
EMERGENCY
 370.302 Form
EMERGENCY
 370.303 Review
EMERGENCY
 370.304 Authority Determination
EMERGENCY
 370.305 Commitment
EMERGENCY

SUBPART D: NOTICE

Section
 370.401 Notification by Authority
EMERGENCY
 370.402 Comments and Responses
EMERGENCY

SUBPART E: OWNER AND RECIPIENT

Section
 370.501 Eligible Applicants
EMERGENCY
 370.502 Books and Records
EMERGENCY
 370.503 Audits
EMERGENCY
 370.504 Annual Financial Report

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF EMERGENCY REPEALER

EMERGENCY
 370.505 Furnishing Information
EMERGENCY
 370.506 Standards for Approval of Conveyance
EMERGENCY
 370.507 State Recipients and Subrecipients
EMERGENCY
 370.508 Reviews and Audits
EMERGENCY

SUBPART F: CONSTRUCTION

Section
 370.601 Property Standards
EMERGENCY
 370.602 Lead-Based Paint
EMERGENCY
 370.603 Labor
EMERGENCY
 370.604 Environmental Assessment
EMERGENCY
 370.605 Environmental Barriers
EMERGENCY

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AUTHORITY: Implements Title II of the National Affordable Housing Act of 1990 (P.L. 101-165) and the regulations promulgated thereunder (24 CFR Part 92); authorized by Sections 7.2, 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act [20 ILCS 3805/7.2, 7.19, 7.24(a) and 7.25].

SOURCE: Emergency rules adopted at 16 Ill. Reg. 11889, effective July 14, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 319, effective December 24, 1992; Part repealed by emergency rulemaking at 21 Ill. Reg. 5328, effective April 11, 1997, for a maximum of 150 days.

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SUBPART A: GENERAL RULES

Section 370.101 Authority

EMERGENCY

These Rules implement Title II of the National Affordable Housing Act of 1990 (P.L. 101-165) (the federal "HOME Act"). They are authorized by and made pursuant to the Comprehensive Housing Affordability Strategy of the State of Illinois and Sections 7.2, 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act (Ill. Rev. Stat. 1991, ch. 67 1/2, par. 301 et seq.) and shall govern the Program.

Section 370.102 Purpose and Objectives

EMERGENCY

The Governor has designated the Authority as administrator of the funds allocated to the State of Illinois pursuant to the Federal HOME Act. This Part is established to accomplish the general purposes of the program established by the State of Illinois to implement the Federal HOME Act, as authorized by and set forth in the Federal HOME Act, and in particular to set forth the standards the Authority will use, as administrator of this Program, to make grants and mortgages or other loans to individuals, organizations and governmental entities for the purpose of acquiring, constructing, rehabilitating, developing, operating, insuring and preserving single and multifamily housing for, or providing rental assistance to, low-income families and very low-income families.

Section 370.103 Definitions

EMERGENCY

As used in this Part, the following words or terms mean:

"Act": The Illinois Housing Development Act (Ill. Rev. Stat. 1991, ch. 67 1/2, par. 301 et seq.);

"Adjusted Income": The income of a Household, as defined in 24 CFR Section 813.102.

"Annual Income": The anticipated total income from all sources received by a Household, including all net income derived from assets for the 12-month period following the effective date of certification of income, as determined under the criteria established in 24 CFR Section 813.106.

"Applicant": A person or entity applying for an allocation of funds from the Program.

"Authority": The Illinois Housing Development Authority.

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"CHAS": The Comprehensive Housing Affordability Strategy prepared by the State and approved by HUD, as updated from time to time, that sets forth and documents the housing needs of the State and the State's strategic plan to address those needs.

"Clearinghouse": A State, regional or metropolitan agency designated by the Governor or the Authority, or established by State law, to review and provide notice to appropriate State and local agencies of proposed housing projects.

"Commitment":

For Substantial Rehabilitation, Moderate Rehabilitation or new construction, a written, legally binding agreement between the Authority and the Recipient under which the Authority (or a State Recipient or Subrecipient receiving funds from the Authority) agrees to provide assistance under the Program for an identifiable Project that can reasonably be expected to start construction within six months of the agreement, and in which the Recipient agrees to start construction within that period.

For Tenant-based Rental Assistance, a rental assistance contract between the Authority (or a State Recipient or Subrecipient receiving funds from the Authority) and the owner of a housing unit or the tenant, in accordance with the provisions of Section 92.211 of the Regulations.

For acquisition, a written legally binding agreement between the Authority (or a State Recipient or Subrecipient receiving funds from the Authority) and the Recipient under which the Authority (or a State Recipient or Subrecipient receiving funds from the Authority) agrees to provide assistance under the Program to the Recipient for purchase of a Project that can reasonably be expected to be accomplished within six months of the agreement and in which the Recipient agrees to purchase the Project within that period.

"Community Housing Development Organization": A private not-for-profit organization that:

Is organized under State or local laws;
Has no part of its net earnings inuring to the benefit of any member, founder, contributor or individual;
Is neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization. A Community Housing Development Organization may be sponsored or created by a for-profit entity, but the for-profit entity may not be an entity whose primary purpose is the development or management of housing, such as a builder, developer, or real estate management firm; the for-profit entity may not have the right to appoint more than one-third of the membership of the organization's governing body, and board

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members appointed by the for-profit entity may not appoint the remaining two-thirds of the board members; and the Community Housing Development Organization must be free to contract for goods and services from vendors of its own choosing;
Has a tax exemption ruling from the Internal Revenue Service under Section 501(c) of the Internal Revenue Code of 1986, as amended;

Does not include a public body (including the Authority) or an instrumentality of a public body. An organization that is State or locally chartered may qualify as a Community Housing Development Organization; however, the State or local government may not have the right to appoint more than one-third of the membership of the organization's governing body and no more than one-third of the board members can be public officials;

Has standards of financial accountability that conform to Attachment F of OMB Circular No. A-110 (Rev.) "Standards for Financial Management Systems";

Has among its purposes the provision of decent housing that is affordable to low-income persons, as evidenced in its charter, articles of incorporation, resolutions or by-laws;

Maintains accountability to low-income community residents by maintaining at least one-third of its governing board's membership for residents of Low-Income Neighborhoods, other low-income community residents, or elected representatives of Low-Income Neighborhood organizations. For urban areas, "community" may be a Neighborhood or Neighborhoods, city, county, or metropolitan area; for rural areas, it may be a Neighborhood or Neighborhoods, town, village, county, or multi-county area (but not the entire State), provided the governing board contains low-income residents from each county of the multi-county area; and providing a formal process for low-income program beneficiaries to advise the organization in its decisions regarding the design, siting, development, and management of affordable housing;

Has a demonstrated capacity for carrying out activities assisted with program funds. An organization may satisfy this requirement by hiring experienced, accomplished key staff members who have successfully completed similar projects, or a consultant who has the same type of experience and a plan to train appropriate key staff members of the organization; and
Has a history of serving the community within which housing to be assisted with program funds is to be located. In general, an organization must be able to show one year of serving the community (calculated from the date the Authority provides program funds to the organization). However, a newly created organization formed by local churches, service organizations or Neighborhood organizations may meet this requirement by demonstrating that its parent organization has at least a year of

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serving the community.

"Director": The Director of the Authority.

"Displaced Homemaker": An individual who is an adult; has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked without remuneration to care for the home and family; is unemployed or underemployed; and is experiencing difficulty in obtaining or upgrading employment.

"Family": A family as defined in 24 CFR Section 812.2.

"Federal HOME Act": Title II of the National Affordable Housing Act of 1990 (P.L. 101-165).

"Federal HOME Program": The program created under the Federal HOME Act pursuant to which HUD makes funds available to State and local governments and other entities to expand the supply of decent and affordable housing for Low-Income and Very Low-Income Households.

"First-Time Homebuyer": An individual (and if married, his or her spouse) who has not owned a home during the 3-year period before the purchase of a home with Program funds, except that any individual who is a Displaced Homemaker or a Single Parent may not be excluded from consideration as a First-Time Homebuyer under this paragraph on the basis that the individual, while a homemaker or while married, respectively, owned a home with his or her spouse or resided in a home owned by the spouse.

"Governor": The Governor of the State.

"Homeownership": Ownership in fee simple title or a 99 year leasehold interest in a one to four-unit dwelling or in a condominium unit, ownership or membership in a cooperative, or an equivalent form of ownership approved by HUD.

"Household": One or more persons occupying a housing unit.

"HUD": The United States Department of Housing and Urban Development.

"Low-Income": An Annual Income that does not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 80 percent of the median for the area on the basis of HUD findings that such variations are necessary because of prevailing levels of construction costs or fair market rents, or unusually high or low family incomes.

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"Low-Income Neighborhood": A Neighborhood in which at least 51 percent of the Households are Low-Income Households.

"Members": The Members of the Authority.

"Moderate Rehabilitation": The rehabilitation of residential property at an average cost of less than \$25,000 per dwelling unit.

"Monthly Adjusted Income": One-twelfth (1/12) of the Adjusted Income.

"Monthly Income": One-twelfth (1/12) of the Annual Income.

"Neighborhood": A geographic location designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographical designation that is within the boundary but does not encompass the entire area of a Unit of General Local Government. If the Unit of General Local Government has a population under 25,000, the neighborhood may, but need not, encompass the entire area of a Unit of General Local Government.

"OMB": The United States Office of Management and Budget.

"Owner": The person or entity holding legal title to a Project, or if title to the real estate in the Project is held by a land trust, the person or entity owning the beneficial interest in that land trust.

"Part": This Part 370.

"Participant Selection Plan": The plan, approved by the Authority, under which Families and Households will be selected for one or more Projects comprised of single family residences.

"Person With Disabilities": A Household composed of one or more persons, at least one of whom is an adult, who has a disability.

A person is considered to have a disability if the person has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and is of such a nature that such ability could be improved by more suitable housing conditions.

A person will also be considered to have a disability if the person has a severe, chronic developmental disability that is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning mobility, self-direction, capacity

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for independent living, and economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. Notwithstanding the preceding provisions of this definition, the term "Person With Disabilities" includes two or more Persons With Disabilities living together, one or more such persons living with another person who is determined to be important to their care or well-being, and the surviving member or members of any Household described in the first sentence of this definition who were living, in the unit assisted with Program funds, with the deceased member of the Household at the time of his or her death.

"Program": The program established by the State pursuant to the Federal HOME Act and administered by the Authority in accordance with the provisions of this Part through which Federal HOME Program funds allocated to the State will be reallocated to eligible Recipients.

"Program Description": The document submitted annually to HUD by the Authority setting forth, among other things, the State's description of how it plans to distribute Program funds; the amount of Program funds that will be reserved for Community Housing Development Organizations; a description of how the State will work with such Community Housing Development Organizations; the Authority's certification regarding use of Program funds for new construction; a statement of policies and procedures to be followed to meet the requirements of affirmative marketing and establishing and overseeing a minority and women business outreach program; all certifications required under the Regulations; and the Authority's certification of compliance with the CHAS.

"Project": A site or an entire building (including a manufactured housing unit), or two or more buildings, together with the site or sites on which the building or buildings is located, that are under common ownership, management, and financing and are to be assisted with Program funds under a commitment by the Recipient, as a single undertaking under this Part. "Project" includes all the activities associated with the site and building. If there is more than one site associated with a Project, the sites must be within a four block area.

"Public Housing Authority (PHA)": Any local entity authorized to engage in and administer HUD low-income housing certificate or voucher programs.

"Recipient": An individual or entity that receives Program funds for or on behalf of a Project from the Authority pursuant to a Commitment.

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"Reconstruction": The rebuilding of housing on the same foundation.

"Regulations": The regulations governing the Federal HOME Program, as set forth in 24 CFR Part 92, as amended or supplemented from time to time.

"Rules": The rules and regulations of the Authority, as amended and supplemented from time to time.

"Section 8 Program": The rental assistance program for low-income housing authorized under Section 8 of the Housing Act of 1937.

"Single Parent": An individual who is unmarried or legally separated from a spouse; and has one or more minor children for whom the individual has custody or joint custody; or is pregnant.

"Single Room Occupancy (SRO) Housing": Housing consisting of single room dwelling units each of which is the primary residence of its occupant or occupants. The unit may contain either food preparation facilities or sanitary facilities, or both. SRO Housing does not include facilities for students.

"Staff": The Director and employees of the Authority.

"State": The State of Illinois.

"State Recipient": A Unit of General Local Government designated by the Authority to receive and administer Program funds allocated to the Authority by HUD.

"Subrecipient": A public agency or not-for-profit organization selected by the Authority to receive and administer Program funds allocated to the Authority by HUD. A public agency or not-for-profit organization that receives Program funds solely as a developer or owner of housing is not a Subrecipient.

"Substantial Rehabilitation": The rehabilitation of residential property at an average cost in excess of \$25,000 per dwelling unit.

"Tenant Selection Plan": The plan, approved by the Authority, under which Families and Households will be selected as tenants for a multi-family residential Project.

"Tenant-Based Rental Assistance": A form of rental assistance under which the assisted tenant may move from a dwelling unit and retain his or her right to continued assistance.

"Unit of General Local Government": A city, town, village, township,

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county or other political subdivision of the State; a consortium of such subdivisions recognized by HUD pursuant to Section 92.101 of the Regulations; or any agency or instrumentality of any of the above jurisdictions that is established pursuant to legislation and designated by the chief executive of such jurisdiction to act on behalf of such jurisdiction with regard to the provisions of this Part. When a county is an Urban County, the Urban County is the Unit of General Local Government for purposes of the Program.

"Urban County": An urban county as defined in 24 CFR Section 570.3.

"Very Low-Income": An Annual Income that does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 50 percent of the median for the area on the basis of HUD findings that such variations are necessary because of prevailing levels of construction costs or fair market rents, or unusually high or low family incomes.

Section 370.104 Compliance with Federal Law**EMERGENCY**

Notwithstanding anything to the contrary herein, this Part shall be construed in conformity and in compliance with the Federal HOME Act, the Regulations and other applicable federal law. To the extent that this Part conflicts with the Federal HOME Act or the Regulations, the Federal HOME Act or the Regulations shall prevail.

Section 370.105 Standards**EMERGENCY**

In exercising discretion in selecting Projects to receive Program funds, the Authority shall consider, in addition to the criteria set forth in this Part:

- a) the purpose of the Federal HOME Program to provide affordable, decent, safe and sanitary housing for Low-Income and Very Low-Income Households;
- b) the requirements of applicable State and federal law;
- c) the priorities set forth in the CHAS and the Program Description;
- d) whether the Project is, or is to be, located in a jurisdiction that is not receiving its own allocation of Federal HOME Program funds from HUD;
- e) the support of the local community in which the Project is, or is to be, located;
- f) the need for the type of proposed housing within the local community;
- g) the requirements of local housing codes and zoning laws;
- h) the number and percentage of Very Low-Income Households to be assisted by the Project;
- i) the level of affordability and the duration of affordability

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restrictions:

- j) the cost per unit of the Project;
- k) the amount of funding the Project will receive from sources other than Program funds;
- l) whether the Project will receive matching funds, as provided in Section 92.218 of the Regulations;
- m) the accessibility or adaptability of the Project for Persons With Disabilities;
- n) whether the Applicant is a not-for-profit organization;
- o) the financial condition and previous experience (including experience in the Program) of the Applicant in providing affordable housing;
- p) whether the proposal includes a commitment for supportive services (e.g., counseling for First-Time Homebuyers, etc.);
- q) the readiness of the Applicant to proceed with the Project;
- r) the financial viability of the Project;
- s) whether the Applicant is requesting a loan rather than a grant; and
- t) any other factors deemed relevant by the Authority under the circumstances.

Section 370.106 Forms and Procedures for the Program**EMERGENCY**

The Staff may prepare, use, supplement, and amend such forms, agreements, and other documents, and may establish such procedures, as may be necessary to implement the Program, all as may be prescribed by the Director.

Section 370.107 Fees and Charges of the Authority**EMERGENCY**

In connection with the Program, the Authority may establish and collect such fees and charges as may be necessary.

Section 370.108 Waiver**EMERGENCY**

By resolution, the Members may waive or vary particular provisions of this Part to conform with the requirements of applicable State or federal law or to conform with the written determination of the Authority that the application of such provisions may result in undue hardship or an unreasonable result.

Section 370.109 Amendment**EMERGENCY**

This Part may be supplemented, amended, or repealed by the Members from time to time and in such manner as they may determine consistent with this Part, the Act, the Rules, the Federal HOME Act and other applicable provisions of law. This Part shall not constitute or create any contractual rights.

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Section 370.110 Severability
EMERGENCY

If any clause, sentence, subsection, Section, or Subpart of this Part be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder of this Part, but shall be confined in its operation to the clause, sentence, subsection, Section, or Subpart thereof as to which such judgment is rendered.

Section 370.111 Gender and Number
EMERGENCY

All terms used in any one gender or number shall be construed to include any other gender or number as the context may require.

Section 370.112 Titles and Captions
EMERGENCY

Titles and captions of Subparts, Sections, and subsections are used for convenience and reference and shall not be considered a part of the text.

Section 370.113 Calendar Days
EMERGENCY

Days shall mean calendar days. Due dates falling on a Saturday, Sunday, or legal State or federal holiday shall be deemed to fall on the next calendar day that is not a Saturday, Sunday, or a legal State or federal holiday.

SUBPART B: GENERAL PROGRAM REQUIREMENTS

Section 370.201 Eligible Beneficiaries
EMERGENCY

Program funds may be expended only for the benefit of Low-Income Households and Very Low-Income Households.

Section 370.202 Eligible Activities
EMERGENCY

- a) Program funds may be used to provide incentives to develop and support affordable rental housing and affordable Homeownership through the acquisition (including assistance to First-Time Homebuyers), new construction, Reconstruction, Moderate Rehabilitation or Substantial Rehabilitation of non-luxury housing with suitable amenities, including real property acquisition, site improvement, conversion, demolition, and other expenses, including financing costs and relocation expenses of any displaced persons, families, businesses, or organizations; and to provide Tenant-Based Rental Assistance.

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- b) Acquisition of vacant land or demolition shall be an eligible activity only with respect to a particular project intended to provide affordable housing, and for which funds for construction have been committed.
- c) Housing that has received an initial certificate of occupancy or equivalent document within a one-year period before Program funds are committed to the Project is new construction for purposes of this Part. Conversion of an existing structure to affordable housing is rehabilitation, unless the conversion entails adding one or more units beyond the existing walls, in which case the project is new construction for purposes of this Part.

Section 370.203 Forms of Assistance
EMERGENCY

Program funds may be allocated for equity investments, interest-bearing loans or advances, non-interest-bearing loans or advances, interest subsidies consistent with the purposes of this Part, deferred payment loans, grants, or other forms of assistance that the Authority may determine are appropriate, provided that HUD has approved such other form of assistance.

Section 370.204 Minimum Amount of Assistance**EMERGENCY**

The minimum amount of Program funds that must be invested in a Project involving rental housing or homeownership is \$1,000 times the number of affordable units in the Project. The minimum amount of Program funds that must be invested in Tenant-Based Rental Assistance is \$1,000 times the average number of Families assisted each year.

Section 370.205 Eligible Costs
EMERGENCY

Program funds may be used to pay the following costs for eligible activities:

- a) Development hard costs. The actual cost of constructing or rehabilitating housing. These costs include the following:

- 1) For new construction, costs to meet the new construction standards set forth in this Part and the Model Energy Code published by the Council of American Building Officials, as referred to in Section 92.251 of the Regulations; and the cost of funding an initial operating deficit reserve to meet any shortfall in Project income during the period of Project rent-up (not to exceed 18 months), which may only be used to pay operating expenses, reserve for replacement payments, and debt service. Any program funds placed in an operating deficit reserve that remain unexpended when the reserve terminates shall be returned to the Authority; and

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- 2) For rehabilitation, costs to meet the housing quality standards set forth in 24 CFR 882.109 or to correct substandard conditions; to make essential improvements, including energy-related repairs or improvements, improvements necessary to permit the use by handicapped persons, and the abatement of lead-based paint hazards, as required by Section 370.602 of this Part; and to repair or replace major housing systems in danger of failure; and
- 3) For both new construction and rehabilitation, costs to demolish existing structures to make improvements to the project site that are in keeping with improvements of surrounding, standard projects, and costs to make utility connections.
- b) Acquisition costs. Costs of acquiring improved or unimproved real property.
- c) Related soft costs. Other reasonable and necessary costs incurred by the Recipient and associated with the financing or development (or both) of new construction, rehabilitation, or acquisition of housing assisted with Program funds. These costs include, but are not limited to:
 - 1) Architectural, engineering or related professional services required to prepare plans, drawings, specifications, or work write-ups;
 - 2) Costs to process and settle the financing for a Project, such as private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorneys' fees, private appraisal fees and fees for an independent cost estimate, builders' or developers' fees;
 - 3) Costs of a Project audit that the Authority may require with respect to the development of the Project; and
 - 4) Costs to provide information services such as affirmative marketing and fair housing information to prospective homeowners and tenants, as required by Section 370.902(a) of this Part.
- d) Relocation costs. Costs of relocation payments and other relocation assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations and farm operations where assistance is required under Sections 370.1006 and 370.1007 of this Part, or otherwise determined by the Authority to be appropriate.
- e) Costs related to Tenant-Based Rental Assistance. The rental assistance payments made to provide Tenant-Based Rental Assistance for a Family or Household.

Section 370.206 New Construction**EMERGENCY**

- a) General. Program funds may be used for new construction if HUD has approved the use of Federal HOME Program funds for new construction in the area of the State in which the Project is to be located.
- b) Neighborhood Revitalization. If an area has not received approval for

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new construction from HUD, Program funds may still be used for new construction of affordable housing in a Neighborhood revitalization program in that area if the new construction meets the criteria set forth in Section 92.209 of the Regulations.

- c) Special needs. Program funds may be used for new construction of affordable housing on the basis of special needs, if:
 - 1) The Applicant demonstrates to the complete satisfaction of the Authority, in its sole discretion, that rehabilitation is not the most cost-effective way to expand the supply of affordable housing for the special need, and the special need cannot be met through rehabilitation of the available housing stock;
 - 2) The Program funds are used for new construction of one or more of the following:
 - A) Housing for Families of five or more persons;
 - B) Housing for Persons With Disabilities;
 - C) Single Room Occupancy Housing;
 - D) Housing that is necessary to further the desegregation or racial deconcentration of housing within the jurisdiction pursuant to a court-approved settlement agreement, compliance agreement, or voluntary plan approved by HUD if Tenant-Based Rental Assistance is not sufficient to meet the specified need within a reasonable time; and
 - 3) The Authority has determined, on the basis of objective data in the CHAS, that a high priority need for such housing exists in the area in which the proposed Project is to be located, and that there is not a supply of vacant, habitable, public housing units in excess of normal vacancies resulting from turnovers that could meet the specified need.
 - d) Other restrictions. All new construction shall meet the site and market restrictions set forth in 24 CFR 882.708(c).

Section 370.207 Tenant-Based Rental Assistance**EMERGENCY**

- a) General. Program funds may be used for Tenant-Based Rental Assistance only if:
 - 1) The use of Program funds for Tenant-Based Rental Assistance is an essential element of the CHAS for expanding the supply, affordability and availability of decent, safe, sanitary, and affordable housing, and the Program Description specifies the local market conditions that lead to the choice of this option; and
 - 2) Families to receive such assistance will be selected from the waiting list of a PHA operating within the area in which the proposed assistance is to be given in accordance with the PHA's preferences established pursuant to 24 CFR Section 882.219. Eligible families currently residing in units that are designated for rehabilitation under the Program may be selected without

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requiring that the Family be placed on the PHA's Section 8 waiting list. Families so selected may use the Tenant-Based Rental Assistance in the rehabilitated unit or in other qualified housing. The Authority may require the Family to use the Tenant-Based Rental Assistance within the area in which the proposed assistance is to be given, or may permit the Family to use the assistance outside such area.

- b) Program operation. A Tenant-Based Rental Assistance program must be operated consistently with the requirements of this Section. The Authority may operate the Program itself, or may contract with a PHA or other entity with the capacity to operate the Program. The Tenant-Based Rental Assistance may be provided through an assistance contract to an owner of housing that leases a unit to an assisted Family, or directly to the Family.
- c) Term of rental assistance contract. The term of the rental assistance contract providing assistance with program funds may not exceed 24 months, but may be renewed, subject to the availability of Program funds. The term of the rental assistance contract must begin on the first day of the term of the lease. For a rental assistance contract between the Authority and an owner of housing, the term of the contract must terminate on termination of the lease. For a rental assistance contract between the Authority and a Family, the term of the contract need not end on termination of the lease, but no payments shall be made after termination of the lease until the Family enters into a new lease.
- d) Rent reasonableness. The Authority shall disapprove a lease if the rent is not reasonable, based on rents that are charged for comparable unassisted rental units.
- e) Lease requirements. The lease shall comply with the requirements set forth in Sections 92.253(a) and (b) of the Regulations.
- f) Subsidy.
 - 1) A Family shall pay a minimum of 30% of its Monthly Adjusted Income as its contribution to rent. The amount of the monthly assistance that the Authority shall pay to, or on behalf of, a Family may not exceed the difference between a rent standard for the unit size established by the Authority and 30 percent of the Family's Monthly Adjusted Income.
 - 2) The Authority's rent standard for a unit size shall ordinarily not be less than 80 percent of the published Section 8 Program existing housing fair market rent (in effect when the payment standard amount is adopted) for the unit size, nor more than the fair market rent (in effect when the Authority adopts its rent standard amount) for the unit size. (Community-wide exception rents are maximum gross rents approved by HUD for the Rental Certificate Program pursuant to 24 CFR Section 882.106(a)(3) for a designated municipality, county, or similar locality.) The Authority may approve on a unit-by-unit basis a subsidy based on a rent standard that exceeds that applicable fair market rent by

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- g) Housing quality standards. Housing occupied by a Family receiving Tenant-Based Rental Assistance under this Section must meet the performance requirements and acceptability criteria set forth in 24 CFR Section 882.109, except for such variations in acceptability requirements as the Authority may propose and are approved by HUD. Local climatic or geological conditions or local codes are examples of situations that justify such variations.

Section 370.208 Religious Organizations EMERGENCY

Program funds shall not be provided to primarily religious organizations, such as churches, for any activity, including secular activities. In addition, program funds may not be used to rehabilitate or construct housing owned by primarily religious organizations or to assist primarily religious organizations in acquiring housing. However, program funds may be used by a secular entity to acquire housing from a primarily religious organization, and a primarily religious entity may transfer title to property to a wholly secular entity and the entity may participate in the Program in accordance with the requirements of this Part. The entity may be an existing or newly established entity (which may be an entity established, but not controlled, by the religious organization). The completed Project must be used exclusively by the Owner entity for secular purposes, and must be available to all persons regardless of religion. In particular, there must be no religious or membership criteria for tenants in the Project.

Section 370.209 Prohibited Activities EMERGENCY

Program funds may not be used to:

- a) Defray any administrative cost of a State Recipient, Subrecipient or Recipient. Administrative costs include any cost equivalent to the costs described in 24 CFR Section 570.206 (program administrative costs for the community development block grant program) and Project delivery costs, such as new construction and rehabilitation counseling, preparing work specifications, loan processing, inspections, and other services related to assisting Owners, tenants, contractors, and other entities applying for or receiving Program funds;
- b) Provide a Project reserve account for replacements, unanticipated increases in operating costs, or operating subsidies;
- c) Provide Tenant-Based Rental Assistance for the special purposes of the Section 8 Program, including the activities specified in 24 CFR Section 791.403(b)(1), or preventing displacement from housing developments assisted with rental rehabilitation grants under 24 CFR Part 511;
- d) Provide nonfederal matching contributions required under any other

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- federal program;
- e) provide assistance authorized under 24 CFR Part 965 (PHA-Owned or Leased Projects - Maintenance and Operation);
 - f) Carry out activities authorized under 24 CFR Part 968 (Public Housing Modernization);
 - g) Provide assistance to eligible low-income housing under 24 CFR Part 248 (Prepayment of Low Income Housing Mortgages);
 - h) Provide assistance (other than Tenant-Based Rental Assistance or assistance to a First-Time Homebuyer) to acquire housing previously assisted with Program funds during the period of affordability established by the Authority. However, additional Program funds may be committed to a Project up to one year after Project completion, but the amount of Program funds in the Project may not exceed the maximum per-unit subsidy amount established under Section 92.211(f) of the Regulations.

Section 370.210 Limitations on Recipients Under Court Order**EMERGENCY**

- a) Program funds may not be used to carry out housing remedies or to pay fines, penalties, or costs associated with an action in which a Recipient, State Recipient or Subrecipient has been adjudicated by a federal, State or local court to be in violation of Title VI of the Civil Rights Act of 1964, the Fair Housing Act, or any other federal, State, or local law promoting fair housing or prohibiting discrimination.
- b) Program funds may be used in connection with a settlement that has been entered into in any case where claims of violations described in subsection (a) above have been asserted against a Recipient, State Recipient or Subrecipient, but only to carry out housing remedies that involve eligible activities.

Section 370.211 Conflict of Interest**EMERGENCY**

- a) The conflict of interest provisions set forth in 24 CFR 85.36 and OMB Circular A-110 apply to the procurement of services by State Recipients and Subrecipients. In all cases not governed by CFR 85.36 and OMB Circular A-110, the provisions of this Section apply. These cases include the acquisition and disposition of real property and the provision of assistance by State Recipients and Subrecipients, or to individuals, housing developers, and other private entities through eligible activities that authorize such assistance (e.g., rehabilitation of housing).
- b) Conflicts prohibited. No persons described in subsection (c) below who exercise or have exercised any functions or responsibilities with respect to activities assisted with Program funds or who are in a position to participate in making decisions or gain inside information

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- with regard to these activities, may obtain a financial interest or benefit from a program-assisted activity, or have an interest in any contract, subcontract or agreement with respect to such activity or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.
- c) Persons covered. The conflict of interest provisions of subsection (b) above apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the Authority, or a State Recipient or Subrecipient that is receiving funds allocated to the Authority.
 - d) Exceptions to the conflict of interest provisions set forth in this Section may be available upon application to HUD pursuant to Section 92.356 of the Regulations.

Section 370.212 Debarment Certification**EMERGENCY**

Any participant in a "lower tier covered transaction," as that term is defined in 24 CFR 24.1110, shall certify to the Authority that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in such transaction.

SUBPART C: APPLICATION

Section 370.301 Application**EMERGENCY**

Applicants seeking monies from the Program shall submit to the Authority a completed application form prescribed by the Authority together with a nonrefundable application fee in the amount of \$250.00.

Section 370.302 Form**EMERGENCY**

The Authority shall develop an application form to be used by all Applicants.

Section 370.303 Review**EMERGENCY**

Upon receipt of a completed application, the Staff shall determine whether the application meets the requirements of this Part, the Federal HOME Act, the Regulations and the Act. If the Staff determines that the application fails to meet any of these requirements, the Authority shall notify the Applicant in writing within 30 days after receipt of the application by the Authority.

Section 370.304 Authority Determination**EMERGENCY**

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After reviewing an application pursuant to Section 370.303 of this Part, the Staff shall determine whether the proposed Project should be recommended for funding under the Program. The Staff shall present all recommendations to fund proposed Projects to the Members for determination. The Authority shall allocate Program funds only pursuant to a resolution approved by the Members.

Section 370.305 Commitment**EMERGENCY**

After approval of an allocation by the Members, the Staff shall prepare and deliver to the Applicant a Commitment that contains the Authority's commitment to allocate Program funds, provided that the Applicant meets the requirements of the Commitment and that Program funds are available for the Project.

SUBPART D: NOTICE

Section 370.401 Notification by Authority**EMERGENCY**

- a) Notice of Allocation. Prior to the presentation of an application to the Members, the Authority shall give written notice of the proposed allocation of Program funds to the following persons and agencies:
 - 1) The chairman of the county board of the county in which the Project is proposed to be located;
 - 2) The mayor or other chief executive of the municipality in which the Project is proposed to be located;
 - 3) In municipalities with a population of more than 1.5 million, the alderman of the ward in which the Project is proposed to be located;
 - 4) Appropriate Clearinghouses; and
 - 5) Each member of the General Assembly from the legislative district in which the Project is proposed to be located.
- If the application does not request Program funds for a specific Project, the notice will be sent to the appropriate persons and agencies based on the address of the Applicant.
- b) Forms. Notice under this Section shall be made on forms prepared by the Authority.
- c) Contents. The notice shall set forth the name and address of the Applicant; the estimated amount of the proposed allocation; if applicable, the name and address of the proposed Project; the type of any proposed subsidies; the total number of units; and the type of Project (e.g., elderly, family, or handicapped).

Section 370.402 Comments and Responses**EMERGENCY**

- a) Comments. The persons and agencies receiving notice pursuant to Section 370.401 of this Part shall have 30 days from the date of

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- b) mailing to submit written comments to the Authority and the Applicant. Applicant's Response. The Applicant shall respond in writing to all comments received under Section 370.401 of this Part, as well as to any other written comments received by the Applicant, and shall provide copies of all comments and responses to the Authority.
- c) Consideration of Comments. The Members shall consider all comments received pursuant to Section 370.401 of this Part when making their determination.

SUBPART E: OWNER AND RECIPIENT

Section 370.501 Eligible Applicants**EMERGENCY**

The Authority may make Program funds available to Applicants or their designees eligible under this Part and the Regulations.

Section 370.502 Books and Records**EMERGENCY**

The books and records of the Project, the Recipient or the Owner, if different from the Recipient, shall be subject to inspection, examination, and copying by the Authority and its authorized representatives or agents at such times as the Authority reasonably requires for the purpose of determining compliance with this Part, the Act, the Federal HOME Act and the Regulations, and all contracts and agreements relating to the Program. The books and records of the Recipient or the Owner, if different from the Recipient, if separate from the books and records of the Project, shall be subject to inspection, examination, and copying by the Authority and its authorized representatives or agents at such times as the Authority reasonably requires.

Section 370.503 Audits**EMERGENCY**

The architectural plans and specifications, apparatuses, devices, books and records, contracts, documents, and other papers relating thereto of the Project shall at all times be maintained in reasonable conditions for proper audit and shall be subject to inspection, examination, and copying by the Authority and its authorized representatives or agents at such times as the Authority reasonably requires. All audits, certifications, and financial reports that the Owner and Recipient are required by contract with the Authority to allow, undertake, or prepare shall be made by an independent certified public accountant acceptable to the Authority.

Section 370.504 Annual Financial Report**EMERGENCY**

Within sixty days after the end of the calendar year, the Recipient and the

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Owner, if different from the Recipient, shall furnish the Authority with a complete annual financial report based upon the books and records of the Project, the Owner and the Recipient, prepared in accordance with Authority requirements, and certified by the Owner and the Recipient.

Section 370.505 Furnishing Information
EMERGENCY

The Recipient and the Owner, if different from the Recipient, shall furnish such reports, projects, certifications, analyses, budgets, operating reports and tax returns as required by applicable federal or State statutes, regulations, or subsidy or assistance programs or by the Authority, and shall furnish specific answers to the Authority's questions about the Owner's and the Recipient's income, assets, liabilities, and contracts and, if applicable, about the administration, operation, maintenance, occupancy, financial soundness, and physical condition of the Project.

Section 370.506 Standards for Approval of Conveyance
EMERGENCY

In determining whether to approve, or impose restrictions on, the conveyance, assignment, leasing, mortgaging, pledging or other transfer of the Project (other than such restrictions as may be imposed by the Federal HOME Act and the Regulations) and, if applicable, the beneficial interest in and power of direction over a land trust, or any partnership interest or stock ownership interest in the beneficiary of a land trust, the Authority shall grant such approval, with any necessary restrictions, if the Authority determines that such action will not have any adverse impact upon the financial stability of the Project.

Section 370.507 State Recipients and Subrecipients
EMERGENCY

State Recipients and Subrecipients shall use Program funds allocated to them in compliance with the Act, this Part, the Regulations and other applicable State and federal law.

Section 370.508 Reviews and Audits
EMERGENCY

State Recipients and Subrecipients that have been allocated Program funds shall cooperate with such audits and reviews as the Authority may require to determine whether Program funds allocated to them have been used in compliance with this Part, the Regulations and applicable State and federal law.

SUBPART F: CONSTRUCTION

Section 370.601 Property Standards

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EMERGENCY

Housing that is assisted with program funds must meet the Section 8 Program housing quality standards set forth at 24 CFR Section 882.109; all applicable federal, State and local statutes, regulations, ordinances, standards and codes; and the requirements of Authority contracts, agreements, guides and other documents. Housing that is newly constructed must meet the current edition of the Model Energy Code published by the Council of American Building Officials. Housing that is Substantial Rehabilitation must meet the cost-effective energy conservation and effectiveness standards in 24 CFR Part 39. Housing for Homeownership that is to be rehabilitated after transfer of the ownership interest must be free from any defects that pose a danger to health or safety before transfer of the ownership interest, and must meet the applicable property standards not later than 2 years after the transfer.

Section 370.602 Lead-Based Paint**EMERGENCY**

All Projects receiving Program funds shall be subject to the lead-based paint regulations set forth in 24 CFR Part 35. Each Owner or Recipient shall conduct the inspection and abatement activities described in those regulations.

Section 370.603 Labor**EMERGENCY**

- a) General. Any contract for the construction (rehabilitation or new construction) of affordable housing with 12 or more units assisted with Program funds shall contain a provision requiring that not less than the wages prevailing in the locality, as predetermined by the Secretary of Labor pursuant to the Davis-Bacon Act (40 U.S.C. 276a-5), will be paid to all laborers and mechanics employed in the development of the affordable housing involved. Such contracts shall also be subject to the overtime provisions, as applicable, of the Contract Work Hours and Safety Standards Act (42 CFR 327-333).
- b) Volunteers. The prevailing wage provisions of subsection (a) above do not apply to an individual who receives no compensation or is paid expenses, reasonable benefits, or a nominal fee to perform the services for which the individual volunteered and who is not otherwise employed at any time in the construction work.
- c) Sweat equity. The prevailing wage provisions of subsection (a) above do not apply to members of an eligible family who provide labor in exchange for acquisition of a property for Homeownership or provide labor in lieu of, or as a supplement to, rent payments.

Section 370.604 Environmental Assessment**EMERGENCY**

Environmental Assessment. Prior to the making of a loan under the Program that

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is to be secured by a first mortgage lien on a Project (other than a single family Project), the Applicant shall have an environmental assessment review of the proposed Project undertaken by an environmental consultant approved by the Authority. The environmental assessment shall include, but not be limited to, a review of historic activities on and current conditions of the real estate that identifies potential problem areas. If the environmental assessment discloses the presence of any hazardous substance, as described at Section 101(4) of the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. 9601(14)), as amended from time to time, the Applicant shall conduct a more comprehensive environmental assessment by an environmental consultant approved by the Authority. This assessment may include, but is not limited to, sampling, lab analysis and an estimate of the magnitude of environmental problems, as well as costs involved in site cleanup. The Applicant shall pay the costs of such assessments, and such costs may, at the sole discretion of the Authority, be payable out of loan proceeds for the Project.

Section 370.605 Environmental Barriers**EMERGENCY**

All Projects receiving assistance from the Program for construction and rehabilitation shall comply with the provisions of the Environmental Barriers Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 3711 et seq.), and the Illinois Accessibility Code (71 Ill. Adm. Code 400), as amended from time to time; and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and the applicable regulations, both as amended from time to time.

SUBPART G: INCOME AFFORDABILITY PROVISIONS**Section 370.701 Rental Provisions****EMERGENCY**

- a) Rent Limitation. A Project composed of rental housing (including the non-owner-occupied units in housing purchased with Program funds under Section 370.703 of this Part) qualifies as affordable housing only if the Project bears rents not greater than the lesser of:

- 1) The fair market rent for existing housing for comparable units in the area as established by HUD under 24 CFR Section 888.111, less the monthly allowance for the utilities and services (excluding telephone) to be paid by the tenant; or
- 2) A rent that does not exceed 30 percent of the Monthly Income of a family whose gross income equals 65 percent of the median income for the area, as determined by HUD, with adjustment for smaller and larger families, unless HUD establishes higher or lower income ceilings on the basis of HUD's findings that such variations are necessary because of prevailing levels of construction costs or fair market rents, or unusually high or low family incomes. In determining the maximum monthly rent that may

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be charged for a unit that is subject to this limitation, the Owner must subtract a monthly allowance for any utilities and services (excluding telephone) to be paid by the tenant.

- b) Rent schedule and utility allowances. The Authority shall review and approve rents proposed by the Owner for units with "flat rents," i.e., units subject to the maximum rent limitations in subsections (a)(1) or (a)(2) above, or Section 370.702(b)(2) of this Part and, if applicable, must review and approve, for all units subject to the maximum rent limitations of subsection (a) above, the monthly allowances proposed by the Owner for utilities and services to be paid by the family. The Owner shall reexamine the income of each family living in Low-Income or Very Low-Income units at least annually. The Owner shall recalculate the maximum monthly rent annually and may change such maximum rent as changes in the applicable gross rent amounts, the income adjustments, or the monthly allowance for utilities and services warrant. Any increases in rents for Low-Income or Very Low-Income units are subject to the provisions of outstanding leases, and in any event, the Owner must provide tenants of those units not less than 30 days prior written notice before implementing any increase in rents.
- c) Increases in tenant income. Rental housing qualifies as affordable housing, despite a temporary noncompliance with Section 370.702(a) and (b) of this Part, if the noncompliance is caused by increases in the incomes of existing families and if actions satisfactory to the Authority are being taken to ensure that all vacancies are filled in accordance with this Section until the noncompliance is corrected. Families that no longer qualify as Low-Income Families must pay as rent not less than 30 percent of the Family's Adjusted Monthly Income, as recertified annually.
- d) Adjustment of rent. The Authority may adjust the rent established for a Project under subsection (a) above only if the Authority finds that an adjustment is necessary to support the continued financial viability of the Project and only by an amount that the Authority determines is necessary to maintain continued financial viability of the Project. Any such adjustment shall not be effective until approved by HUD.

Section 370.702 Affordability Provisions**EMERGENCY**

A Project composed of rental housing (including the non-owner-occupied units in housing purchased with Program funds under Section 370.703 of this Part) qualifies as affordable housing only if the Project:

- a) Is occupied only by Households that qualify as Low-Income Families;
- b) Has not less than 20 percent of the units:
 - 1) Occupied by Very Low-Income Families who pay as a contribution toward rent (excluding any federal or State rental subsidy provided on behalf of the family) not more than 30 percent of the

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Family's Monthly Adjusted Income. To obtain the maximum monthly rent that may be charged for a unit that is subject to this limitation, the Owner multiplies the Annual Adjusted Income of the Family by 30 percent and divides by 12 and, if applicable, subtracts a monthly allowance for any utilities and services (excluding telephone) to be paid by the Family; or

- 2) Occupied by Very Low-Income Families and bearing rents not greater than 30 percent of the gross income of a family whose income equals 50 percent of the median income for the area, as determined by HUD, with adjustment for smaller and larger families, unless HUD establishes higher or lower income ceilings on the basis of HUD's findings that such variations are necessary because of prevailing levels of construction costs or fair market rents, or unusually high or low family incomes. In determining the maximum monthly rent that may be charged for a unit that is subject to this limitation, the Owner must subtract a monthly allowance for any utilities and services (excluding telephone) to be paid by the Family.

- c) Is not refused for leasing to a holder of a certificate of family participation under 24 CFR Part 882 (Rental Certificate Program) or a rental voucher under 24 CFR Part 887 (Rental Voucher Program) or to the holder of a comparable document evidencing participation in a Federal HOME Program Tenant-Based Rental Assistance program because of the status of the prospective tenant as a holder of such certificate of family participation, rental voucher, or comparable Federal HOME Program Tenant-Based Rental Assistance document; and
- d) Will remain affordable, pursuant to deed restrictions, for not less than the appropriate period, beginning after project completion, as specified in the following table, without regard to the term of the mortgage or to transfer of ownership:

Activity: Minimum Period of Affordability:

Rehabilitation or Acquisition of Existing Housing Per Unit Amount of Program Funds:

Under \$15,000	5 Years
\$15,000 to \$40,000	10 Years
Over \$40,000	15 Years
New Construction or Acquisition of Newly Constructed Housing	20 Years

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Section 370.703 Single Family Projects - Purchase Standards

EMERGENCY

A single family Project qualifies for purchase through the Program only if it:

- a) Has an appraised value that does not exceed the mortgage limit for the type of single family housing (1 to 4-family residence, condominium unit, combination manufactured home and lot, or manufactured home lot) for the area (including any applicable high-cost mortgage limit published by HUD in the Federal Register) under HUD's single family insuring authority under the National Housing Act. For a cooperative unit, the purchase price for a cooperative share may not exceed the balance remaining after subtracting from the 1-family mortgage limit an amount equal to the blanket mortgage covering the cooperative development which is attributable to this cooperative unit; and has an estimated appraised value after any repair needed to meet the property standards set forth in Section 370.601 of this Part that does not exceed the appropriate mortgage limit described in this subsection;
- b) Is the principal residence of an Owner whose family qualifies as a Low-Income Family at the time of purchase;
- c) Is made available for initial purchase only to First-Time Homebuyers; and
- d) Is made available for subsequent purchase only to a Low-Income Family that will use the property as its principal residence; and at a price consistent with guidelines that are established by the Authority and determined by HUD to be appropriate to provide the Owner with a fair return on investment, including any improvements, and to ensure that the housing will remain affordable to a reasonable range of Low-Income Homebuyers for a period of 20 years for newly constructed housing, or otherwise for 15 years. Housing remains affordable if the subsequent purchaser's monthly payments of principal, interest, taxes, and insurance do not exceed 30 percent of the gross income of a family with an income equal to 75 percent of median income for the area, as determined by HUD, with adjustments for smaller and larger families.

Section 370.704 Single Family Projects - Rehabilitation Standards

EMERGENCY

Single family housing that is currently owned by a Family qualifies for rehabilitation under the Program only if:

- a) The value of the property, after rehabilitation, does not exceed the mortgage limit for the type of single family housing (1 to 4-family residence, condominium unit, combination manufactured home and lot, or manufactured home lot) for the area (including any applicable high-cost mortgage limit published by HUD in the Federal Register) under HUD's single family insuring authority under the National Housing Act (see, 24 CFR 201.10, 203.18, 203.18a, 203.18b, and 234.27); and
- b) The housing is the principal residence of a Family that qualifies as a

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Low-Income Family at the time Program funds are committed to the housing.

Section 370.705 Mixed Income Projects **EMERGENCY**

Housing that accounts for less than 100 percent of the dwelling units in a project qualifies as affordable housing if the housing meets the criteria of Section 370.701 or 370.702 of this Part. Each building in the Project must contain housing that meets the requirements of Section 370.701 or 370.702 of this Part.

Section 370.706 Mixed Use Projects **EMERGENCY**

Housing in a Project that is designed in part for uses other than residential use qualifies as affordable housing if such residential housing meets the criteria of Sections 370.701, 370.702 or 370.703 of this Part, as applicable. A Project that contains, in addition to dwelling units, laundry and community facilities for the exclusive use of the Project residents and their guests, does not constitute a Project that is designed in part for uses other than residential use. Residential living space must constitute at least 51 percent of the Project space. Each building within the Project must contain residential living space.

Section 370.707 Projects With FHA Mortgage Insurance **EMERGENCY**

When Program funds are to be used in connection with housing in which acquisition, new construction, or rehabilitation is financed with a mortgage insured by HUD, then, for rental housing, the period that the Project must remain affordable for the applicable period specified in Section 370.702(d) of this Part, or, for homeownership, the applicable period specified in Section 370.703(d) of this Part, must be equal to the term of the HUD-insured mortgage.

SUBPART H: COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS

Section 370.801 Set-Aside for Community Housing Development Organizations **EMERGENCY**

- a) For a period of 18 months after the Federal HOME Program funds allocated to the Authority (including funds reallocated under Section 92.451(c)(2)(ii) of the Regulations) are made available to the Authority, the Authority shall reserve not less than 15 percent of these funds for investment only in housing to be developed, sponsored, or owned by Community Housing Development Organizations. Such funds shall be provided to Community Housing Development Organizations. The funds shall be deemed reserved when the Authority enters into a

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written agreement with a Community Housing Development Organization. If a Community Housing Development Organization's involvement in a Project is as an owner, it must have control of the Project, as evidenced by legal title or a valid contract of sale. If it owns the Project in partnership, it or its wholly owned for-profit subsidiary must be the managing general partner. In acting in any of the capacities specified, the Community Housing Development Organization must have effective management control.

- b) Program funds reserved under subsection (a) above may be used for the activities set forth in Section 370.202 of this Part. Up to 10% of the Program funds reserved under subsection (a) above may be used for activities specified in Section 370.802 of this Part.

Section 370.802 Project Specific Assistance to Community Housing Development Organizations **EMERGENCY**

- a) Technical assistance and site control loans.

1) Loans. Within the limits specified in Section 370.801(b) of this Part, the Authority may use Program funds to provide technical assistance and site control loans to Community Housing Development Organizations in the early stages of site development for an eligible Project. These loans may not exceed amounts that the Authority determines to be customary and reasonable Project preparation costs allowable under subsection (b) below. All costs must be related to a specific eligible Project or Projects.

2) Allowable expenses. A loan under this subsection may be provided to cover Project expenses necessary to determine Project feasibility (including costs of an initial feasibility study, consulting fees, costs of preliminary financial applications, legal fees, architectural fees, engineering fees, engagement of a development team, site control and title clearance). General operational expenses of the Community Housing Development Organization are not allowable expenses.

- 3) Repayment. A Community Housing Development Organization that receives a loan under this subsection shall repay the loan to the Authority from construction loan proceeds or other Project income. The Authority may waive repayment of the loan, in part or in whole, if there are impediments to Project development that the Authority determines are reasonably beyond the control of the Community Housing Development Organization.

- b) Project-specific seed money loans.
 - 1) General. Within the limits specified in subsection (a) above, Program funds may be used to provide loans to Community Housing Development Organizations to cover preconstruction Project costs that the Authority determines to be customary and reasonable, including, but not limited to, the costs of obtaining firm construction loan commitments, architectural plans and

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specifications, zoning approvals, engineering studies, and legal fees.

- 2) Eligible sponsors. A loan under this subsection may be provided only to a Community Housing Development Organization that has, with respect to the Project concerned, site control (evidenced by a deed, a sales contract, or an option contract to buy the property), a preliminary financial commitment, and a capable development team, as determined in the sole discretion of the Authority.
- 3) Repayment. A Community Housing Development Organization that receives a loan under this subsection must repay the loan to the Authority from construction loan proceeds or other Project income. The Authority may waive repayment of the loan, in whole or in part, if there are impediments to Project development that the Authority determines are reasonably beyond the control of the Community Housing Development Organization.

SUBPART I: MARKETING

Section 370.901 Marketing and Management

EMERGENCY

- a) The Owner or the Recipient, as applicable, shall be responsible to provide for the marketing and management of the Project in a manner satisfactory to the Authority so as to promote the purposes of the Program and the financial stability of the Project and to preserve the value of any security interest held by the Authority in the Project. All marketing and management plans shall be acceptable to the Authority pursuant to Section 370.902 of this Part.

- b) State Recipients and Subrecipients shall require all recipients of Program funds allocated to such State Recipients or Subrecipients to comply with the affirmative fair marketing requirements of Section 370.902 of this Part.

Section 370.902 Marketing and Management Plans

EMERGENCY

- a) Approval. Before the Authority makes a loan under the Program or at such other time as required by the Authority, the Applicant shall submit for the Authority's approval plans for the marketing and management of the Project. In deciding whether to approve such plans, the Authority shall consider the purposes of the Program; the provisions of the Tenant Selection Plan or Participant Selection Plan; the provisions of this Part and the Regulations; any applicable federal and State statutes and regulations; the affirmative fair marketing requirements of subsection (b) below, and any other relevant matters.

- b) Contents of Marketing Plan. The marketing plan shall set forth the

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policies and procedures to be used in marketing; the qualifications of the marketing agent; the nature of the market; the dates of availability of occupiable units by type and location; the dates of availability and locations of facilities essential to the marketing campaign, including model units, the rental office, and the community building; the promotion of the Project, including the use of mass media; compliance with all fair housing requirements set forth in Section 370.1101 of this Part; and the requirements of the Regulations.

- c) Contents of Management Plan. The management plan shall set forth the policies and procedures to be used in the management of the Project and shall, if applicable, address the qualifications of the managing agent, procedures for recruiting and supervising management personnel, and physical maintenance of the Project.
- d) Responsibility. The Owner or Recipient shall be responsible for ensuring the marketing agent's and the managing agent's compliance with all applicable ordinances, regulations, statutes, and Authority's agreements and requirements.

Section 370.903 Maintenance

EMERGENCY

The Owner shall maintain the Project, including without limitation, the dwelling units, commercial facilities, and grounds and equipment related to the Project, in a decent, safe and sanitary condition, in a tenantable and rentable state of repair, and in compliance with applicable federal, State, and local statutes, regulations, ordinances, standards and codes.

Section 370.904 Cost of Services

EMERGENCY

The Owner or Recipient, as applicable, shall not pay more for administrative, operating, and maintenance expenses than is reasonable, given the location and size of the Project; the level of administration, operation, and maintenance required by the applicable Authority agreements; the requirements of the marketing plan, management plan, and Participant Selection Plan or Tenant Selection Plan, as applicable; the uniqueness or quality of available services or supplies; the presence of an emergency or other time constraint; the credit worthiness of suppliers and contractors; and any other relevant factors.

SUBPART J: TENANTS AND OCCUPANCY

Section 370.1001 Tenant Selection Plan

EMERGENCY

Before making a loan, grant or any other allocation under the Program for a rental housing Project, the Authority shall approve a Tenant Selection Plan submitted by the Applicant. The Tenant Selection Plan shall include policies

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and criteria that:

- a) Are consistent with the purpose of providing housing for Very Low-Income and Low-Income Families;
- b) Are reasonably related to Program eligibility and the prospective tenant's ability to perform the obligations of the lease;
- c) Give reasonable consideration to the housing needs of Families that would have a preference under 24 CFR Section 960.211 (federal selection preferences for admission to public housing); and
- d) Provide for the selection of tenants from a written waiting list in the chronological order of their application, insofar as is practicable; and the prompt written notification to any rejected applicant of the grounds for any rejection.

Section 370.1002 Participant Selection Plan**EMERGENCY**

Before making a loan, grant or any other allocation under the Program for a Project or series of Projects for single families with five or more units assisted with Program funds, the Authority shall approve a Participant Selection Plan submitted by the Applicant setting forth the income limits and other requirements for participants in such single family Projects, unless such a Participant Selection Plan is inappropriate for the type of Project or Projects proposed. In reviewing the Participant Selection Plan, the Authority shall consider whether the selection procedures will be equitable considering the purpose of providing housing to Very Low-Income and Low-Income Families and the family size, income and circumstances of the prospective tenants; maintain the financial viability of the Project; and meet the requirements of Section 370.1101 of this Part.

Section 370.1003 Minimizing Displacement**EMERGENCY**

The Owner or Recipient, as applicable, shall take all reasonable steps to minimize the displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) as a result of a Project assisted with Program funds. To the extent feasible, residential tenants must be provided a reasonable opportunity to lease and occupy a suitable, decent, safe, sanitary and affordable dwelling unit in the Project. Owners or Recipients shall not cause the permanent displacement of any tenants in a Project that receives Program funds for rehabilitation, except as provided in Section 370.1007 of this Part.

Section 370.1004 Relocation Plan**EMERGENCY**

If persons must be displaced as a result of a Project, the Recipient shall submit to the Authority for approval a relocation plan, consistent with Sections 370.1006 and 370.1007 of this Part, setting forth the number of

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persons to be relocated, the steps taken to minimize displacement, and the procedures to be followed in relocating such tenants.

Section 370.1005 Notice**EMERGENCY**

The Recipient or the Owner, if different from the Recipient, shall give notice to all persons potentially subject to relocation at the earliest feasible opportunity. Such notice shall include, but not be limited to, an explanation that the Project has been proposed; for each person receiving the notice, a statement as to whether such person is expected to be displaced; a statement cautioning the person not to move prematurely; a statement of the general terms for continued occupancy or, if the person may be displaced, the relocation assistance available; and, if displacement is possible, an enclosure providing additional information about relocation assistance.

Section 370.1006 Temporary Relocation**EMERGENCY**

The Owner or Recipient, as applicable, shall provide all residential tenants who must relocate temporarily in connection with a Project reimbursement for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, including the cost of moving to and from the temporarily occupied housing and any increase in monthly rent/utility costs; and appropriate advisory services, including reasonable advance written notice of the date and approximate duration of the temporary relocation; the location of the suitable, decent, safe and sanitary dwelling to be made available for the temporary period; the terms and conditions under which the tenant may lease and occupy a suitable, decent, safe and sanitary dwelling in the building/complex upon completion of the Project; and the provisions for reimbursement for expenses set forth in this Section.

Section 370.1007 Permanent Relocation**EMERGENCY**

- a) Definition. For purposes of this Section, the term "displaced person" means a person (family or member of a family, business, nonprofit organization or farm, including any corporation, partnership or association) that moves from real property or moves personal property from real property permanently as a direct result of the acquisition, rehabilitation or demolition of housing units for a Project assisted with Program funds. This includes any permanent, involuntary move from a Project, including any permanent move from the real property that is made:

- 1) After notice by the Owner to move permanently from the property, if the move occurs on or after the date of the submission of an application to the Authority, if the applicant has site control and the application is later approved; or the date the Authority

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approves the applicable site, if the Applicant does not have site control at the time of the application; or

- 2) Before the date described in subsection (a)(1) above, if the Authority or HUD determines that the displacement resulted directly from acquisition, rehabilitation, or demolition for the Project; or

- 3) By a tenant-occupant of a dwelling unit, if any of the following three situations occurs:

- A) The tenant moves after execution of the agreement covering the acquisition, rehabilitation or demolition and the move occurs before the tenant is provided written notice offering the tenant the opportunity to lease and occupy a suitable, decent, safe and sanitary dwelling in the same building/complex upon completion of the Project under reasonable terms and conditions. Such reasonable terms and conditions must include a term of at least one year at a monthly rent and estimated average monthly utility costs that do not exceed the greater of the tenant's monthly rent before such agreement and estimated average monthly utility costs, or the total tenant payment, as determined under 24 CFR 813.107, if the tenant is Low-Income, or 30 percent of gross family income, if the tenant is not Low-Income; or

- B) The tenant is required to relocate temporarily, does not return to the building/complex, and either the tenant is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, or other conditions of the temporary relocation are not reasonable; or

- C) The tenant is required to move to another dwelling unit in the same building but is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

- b) Disqualified persons. Notwithstanding anything to the contrary in subsection (a) above, a person does not qualify as a displaced person if:

- 1) The person has been evicted for cause based upon a serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation of applicable federal, State or local law, or other good cause, and the Authority determines that the eviction was not undertaken for the purpose of evading the obligation to provide relocation assistance. The effective date of any termination or refusal to renew must be preceded by at least 30 days advance written notice to the tenant specifying the grounds for the action;

- 2) The person moved into the property after the submission of the application, but before signing a lease and commencing occupancy, was provided written notice of the Project, as provided in

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Section 370.11005 of this Part, its possible impact on the person (e.g., the person may be displaced, temporarily relocated, incur a rent increase) and the fact that the person would not qualify as a "displaced person" (or for any assistance under this Section) as a result of the Project;

- 3) The person is ineligible under 49 CFR 24.2(g)(2); or

- 4) HUD determines that the person was not displaced as a direct result of acquisition, rehabilitation, or demolition of the project. The Authority may, at any time, ask HUD to determine whether a displacement is or would be covered by this Section.

- c) Appeals. A person who disagrees with the Authority's determination concerning whether he or she qualifies as a displaced person, or the amount of relocation assistance for which the person may be eligible, may file a written appeal of that determination with the Authority.

- 1) The grievant shall file the appeal with the Authority within thirty days of the adverse decision. The Authority shall review the appeal within 10 working days of this receipt. The person conducting the review shall not be the person who made the initial decision.

- 2) The Authority shall provide the grievant with a written response to the appeal within 15 working days of receipt of the appeal. The notice shall include a statement that if the grievant is dissatisfied with the Authority's decision and is a Low-Income person, he or she has the right to submit a written request for review of that determination to the Chicago regional office of HUD.

- d) Relocation assistance for displaced persons. The Owner or Recipient, as applicable, shall provide displaced persons with relocation assistance at the levels described in, and in accordance with, the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4201-4655), as amended from time to time, and the applicable regulations. A displaced person must be advised of his or her rights under the Fair Housing Act (42 U.S.C. 3601-19), and if the comparable replacement dwelling used to establish the amount of the replacement housing payment to be provided to a minority person is located in an area of minority concentration, the minority person also must be given, if possible, referrals to comparable and suitable, decent, safe and sanitary replacement dwellings not located in such areas.

SUBPART K: NONDISCRIMINATION

Section 370.1101 Equal Opportunity and Fair Housing
EMERGENCY

- a) Equal opportunity. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with Program funds on

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- the grounds of race, color, national origin, religion, age, family status, disability or sex.
- b) Fair Housing. All Projects shall comply with the requirements of the Fair Housing Act (42 U.S.C. 3601-19), as amended from time to time, and the applicable regulations; Executive Order 11063 (Equal Opportunity in Housing) and the implementing regulations; and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended from time to time, and the applicable regulations.
- c) Other federal requirements. All Recipients, and to the extent applicable, all Projects, shall comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), as amended from time to time, and the applicable regulations; the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended from time to time, and the applicable regulations; the requirements of Executive Order 11246 (Equal Employment Opportunity) and the implementing regulations; to the extent applicable, Title III of the Americans with Disabilities Act (42 U.S.C. 12181-89), as amended from time to time, and the applicable regulations; the requirements of Section 3 of the Housing and Urban Development Act of 1986 (12 U.S.C. 1701u), as amended from time to time, and the applicable regulations; and the requirements of Executive Orders 11625 and 12432 (Minority Business Enterprise) and Executive Order 12138 (Women's Business Enterprise) and the implementing regulations.

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NOTICE OF EMERGENCY RULE

- 1) Heading of the Part: National Affordable Housing Act (HOME) Program
- 2) Code Citation: 47 Ill. Adm. Code 371
- 3) Section Numbers:
371.10 New
371.20 New
- 4) Statutory Authority: Title II of the National Affordable Housing Act of 1990 (the "HOME Act") (42 U.S.C. Section 12701 et seq.) and the regulations promulgated thereunder (24 CFR Part 92) and are authorized by Sections 7.2, 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act [20 ILCS 3805/7.2, 7.19, 7.24(a) and 7.25].
- 5) Effective Date of Rule: April 11, 1997
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which they expire: No
- 7) Date Filed in Agency's Principal Office: February 21, 1997
- 8) Reason for Emergency: The existing rules are out of date; they do not contain the requirements set forth in the final federal HOME regulations. The HOME Act provides for the allocation of funds to states to conduct programs to make loans and grants to individuals, organizations and governmental entities for the purpose of acquiring, constructing, rehabilitating, developing and operating single family and multifamily housing for, or providing assistance to, low- and very low-income households and families. The Governor has designated the Authority to administer the funds allocated to the State of Illinois under the HOME Act. The desperate need for affordable housing requires that this Part be submitted on an emergency basis.
- 9) A Complete Description of the Subjects and Issues Involved: These emergency rules establish the procedures for operating the program established by the Authority to distribute funds allocated to the State of Illinois under the HOME Act (the "HOME Program"). The HOME Program administers these funds for loans and grants used in connection with the acquisition, construction, rehabilitation, development and operation of single family and multifamily housing for, or providing rental assistance to, low- and very-low income households and families.
- 10) Are there any proposed amendments to this Part Pending? No
- 11) Statement of Statewide Policy Objectives: These emergency rules are used to implement a statewide program that creates and retains affordable housing in Illinois for low- and very low-income households and families.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
NOTICE OF EMERGENCY RULE
TITLE 47: HOUSING AND COMMUNITY DEVELOPMENT
CHAPTER II: ILLINOIS HOUSING DEVELOPMENT AUTHORITY

PART 371
NATIONAL AFFORDABLE HOUSING ACT (HOME) PROGRAM
Section
371.10 Statement of Authority
371.20 Incorporation By Reference

AUTHORITY: Implements Title II of the National Affordable Housing Act of 1990, 42 U.S.C. 12701 et seq., as amended, and the regulations promulgated thereunder, 24 CFR Part 92; authorized by Sections 7.2, 7.19, 7.24(a) and 7.25 of the Illinois Housing Development Act [20 ILCS 3805/7.2, 7.19, 7.24(a) and 7.25].

SOURCE: New Part Adopted by emergency rule at 21 Ill. Reg. effective April 11, 1997, for a maximum of 150 days.

5369

Section 371.10 Statement of Authority

The Illinois Housing Development Authority (Authority) has been designated the program administrator of the HOME Investment Partnerships Program (HOME Program) in Illinois, established pursuant to Title II of the National Affordable Housing Act of 1990, 42 U.S.C. 12701 et seq., as amended (HOME Act). This Part is created to govern the HOME Program. This Part is authorized by, and made pursuant to, the Comprehensive Housing Affordability Strategy of the State of Illinois and the Illinois Housing Development Act [20 ILCS 3805].

Section 371.20 Incorporation By Reference

The federal regulations promulgated under the HOME Act, 24 CFR Part 92 (HOME Regulations) (October 16, 1996) are hereby incorporated by reference. The full text of the HOME Regulations can be obtained from the Department of Housing and Urban Development, 451 7th St., SW, Washington, DC 20410.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
NOTICE OF EMERGENCY RULE

12) Information and questions regarding these rules shall be directed to:

Crystal S. Maher, Esq.
401 N. Michigan Ave., Suite 900
Chicago, IL 60611
312/836-5200

The full text of the emergency rules begins on the next page:

AGENCY RESPONSE TO JOINT COMMITTEE

FILING PROHIBITION

Date: April 10, 1997

Agency: Department of Natural Resources

Heading of the Part: Commercial Fishing in Lake Michigan

Code Citation: 17 Ill. Adm. Code 850

Section Numbers: 850.20, 850.50, 850.80

Register Citation: 21 Ill. Reg. 322, January 3, 1997

Joint Committee Filing Prohibition: At its meeting on March 18, 1997, the Joint Committee on Administrative Rules voted to object to the above proposed rulemaking and prohibit its filing with the Secretary of State. The Committee found that the adoption of these rules would constitute a serious threat to the public interest, safety or welfare. The reason for the prohibition is as follows:

The Committee objected to and prohibited the filing of the rulemaking because elimination of commercial perch fishing on Lake Michigan adversely impacts small businesses; that is, commercial fishing licensees will no longer be allowed to harvest the mainstay crop of yellow perch vital to business operations. This rulemaking threatens the public interest by severely damaging small businesses when the agency cannot prove that those business enterprises have been the direct cause of the diminishment of the Lake Michigan yellow perch population nor that prohibiting the taking of perch by these small businesses will result in the revitalization of the perch population.

The committee further recommended that DNR meet with the affected fishing licensees in an attempt to devise a regulation that will enhance the potential for regrowth of the perch population without destroying private commercial enterprises, without at least a realistic expectation that doing so will solve the problems of the diminishment of the perch population.

Agency Response to Specific Joint Committee Recommendations: The Committee recommended that DNR meet with the affected fishing licensees in an attempt to devise a regulation that will enhance the potential for regrowth of the perch population without destroying private commercial enterprises, without at least a realistic expectation that doing so will solve the problems of the diminished perch population.

On April 1, 1997, several agency representatives as well as the Chairman and two members of the Natural Resources Advisory Board, met with four of the five license holders in Chicago. The fifth license holder was unable to attend. The licensees and the DNR agreed that DNR would send out a

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Request for Proposals to selected out-of-state fisheries researchers for an expanded study of the perch population on the Illinois portion of Lake Michigan. The RFP will be sent to researchers selected by DNR and to any researchers recommended by the licensees. The licensees will be given the names of each responding researcher, and may make recommendations to DNR regarding who should be contracted. The licensees will also look over the proposals and make recommendations for specific actions as part of the research.

No change in the proposed regulation resulted from the meeting. However, the protection of the breeder females is the only possible action that may currently be taken to enhance the potential for regrowth of the perch population. A similar imbalance of sexes occurred with bloater chub in the early 1970's, and protection of the chub resulted in a recovery sufficient to increase the quota to its current 120,000 pounds plus an additional 100,000 pound allowance pursuant to a research agreement. Both the Division of Fisheries and the Illinois Natural History Survey currently have contracts with licensees, and potentially the researcher hired will contract with one of the licensees.

The licensee's income from operating commercial fishing tugs on Lake Michigan will undoubtedly decrease, but with the chub allowance and the contracts, the businesses should be able to survive this drastic decline in the resource. The proposed amendments to the rule are a temporary drop in the quota and a removal of minimum catch requirements. The DNR is committed to increasing the quota as the perch recover.

Agency Response to Joint Committee Objection and Prohibition: This rulemaking threatens the public interest by severely damaging small businesses when the agency cannot prove that those businesses enterprises have been the direct cause of the diminishment of the Lake Michigan yellow perch population nor that prohibiting the taking of perch by these small businesses will result in the revitalization of the perch population.

Although sport and commercial harvests have not been a factor in the recent decline in the perch population, they will certainly affect the ability of the population to recover. The population decline is due to a severe decline in the survival of newly-hatched perch which has persisted for the past seven years. During this period of time fewer young perch have been surviving to replace the older, larger adults in the population as they are removed by harvest and natural death. Since female perch grow faster than males, they become part of the sport and commercial harvests more rapidly. As a result, 70% of the population is now 8 years of age or older, and 96% of these perch are males. The 4% of females which remain represent the best chance the existing population has to generate new offspring, and the protection of these females is therefore of the utmost importance. The Department can protect these females in the sport fishery by implementing the 8 to 10 inch length limit, since these females are

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principally larger than 10 inches in length. Unfortunately, perch larger than 10 inches cannot be protected in the commercial fishery since their nets are designed to capture perch from about 9 to 11 inches in length. Illinois is working cooperatively with the states of Wisconsin, Indiana and Michigan to protect the yellow perch population in a coordinated and strategic fashion. The other three states have also implemented more restrictive sport harvest regulations since 1995 and have closed their commercial perch fisheries for 1997.

Should the perch fishery collapse due to the continued harvest of female perch larger than 10 inches, the economic impact to the Cook and Lake county area due to the loss of the sport fishery would approximate \$80 million [822,000 perch fishing trips x \$32 per trip (expenditures) x 3.05 (economic impact factor)] based on the 1992 and 1995 Illinois Sport Fishing Survey, the 1991 National Survey of Fishing, Hunting, and Wildlife Associated Recreation (USEFWS), and the American Sportfishing Association. The loss of the commercial perch fishery would result in an economic impact of approximately \$2.1 million [120,000 pounds x \$2.31 per pound x 4.722 (direct value expansion factor) x 1.676 (indirect economic impact expansion factor)] based on commercial catch reports and economic data provided by the Illinois Consumer Fishery Council (4-14-93).

Although we recognize the significant economic impacts on the commercial fishery, the Department is concerned that a continuing decline in perch abundance will result in an extended delay of a recovery of the population. While we don't know if these proposed actions will achieve a recovery of the population, we do know that it would not be wise to further reduce the number of large females that remain. Commercial fishermen can still harvest chubs, though we recognize the dockside price is significantly less than received for perch. However, the Department has been working with the commercial fishermen to determine if an increase in the chub quota can be provided. This project began last summer and made available an additional 100,000 pounds of chubs over the existing chub quota (125,000 pounds) for study purposes. The Department is also aware that, depending upon the licensee, income is also derived from various other fishery related businesses including wholesale and retail sale of fish and seafood products, providing charter fishing services to sport anglers, and contracting with the Department to conduct annual fish population surveys in Lake Michigan.

Lastly, the Department has not implemented a permanent ban on the harvest of yellow perch. Rather, the perch harvest quota has been reduced to zero, and the Department has identified when the commercial harvest would again be increased following a recovery of the population. Prior to reopening the commercial harvest, the Department would have to observe an increasing trend in the catch of perch in our annual population surveys. This increase would have to be primarily due to increased numbers of perch 6 years of age and younger having a sex ratio of approximately 2 males to

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1 female (the current ratio is 24 males to 1 female), and three consecutive years of catches of newly-hatched perch (young-of-the-year) averaging at least 10 young per seine haul (the current catch is 0.04 per seine haul).

The Department respectfully requests that the Committee rescind the Prohibition and find the Department has satisfactorily responded to the Objection.

Brent Manning, Director
Illinois Department of Natural Resources

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of April 8, 1997 through April 14, 1997 and have been scheduled for review by the Committee at its May 13, 1997 meeting in Springfield. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
5/22/97	Department of Rehabilitation Services, Confidentiality of Information (89 Ill Adm Code 505)	1/17/97 21 Ill Reg 882	5/13/97
5/22/97	Department of Public Aid, Related Program Provisions (89 Ill Adm Code 117)	8/30/96 20 Ill Reg 11593	5/13/97
5/22/97	Department of Public Aid, Medical Assistance Programs (89 Ill Adm Code 120)	12/27/96 20 Ill Reg 16143	5/13/97
5/22/97	Department of Public Aid, Food Stamps (89 Ill Adm Code 121)	8/30/96 20 Ill Reg 11581	5/13/97
5/22/97	Department of Public Aid, Related Program Provisions (89 Ill Adm Code 117)	1/24/97 21 Ill Reg 1165	5/13/97
5/22/97	Department of Natural Resources, The Illinois Oil and Gas Act (62 Ill Adm Code 240)	10/25/96 20 Ill Reg 13699	5/13/97
5/22/97	Department of Children and Family Services, Purchase of Service (89 Ill Adm Code 357)	12/6/96 20 Ill Reg 15413	5/13/97
5/25/97	Illinois Commerce Commission, Minimum Safety Standards for Transportation of Gas and for Gas Pipeline Facilities (83 Ill Adm Code 590)	2/14/97 21 Ill Reg 1745	5/13/97

PROCLAMATION

97-94

EARLY INTERVENTION MONTH/LOOK WHAT I CAN DO WEEK (REVISED)

Whereas, early intervention services exist for children up to three years of age who may have developmental delays or disabilities; and

Whereas, there is a statewide, family-centered early intervention services system in place established with the assistance of the Illinois Interagency Council on Early Intervention and led by the Illinois State Board of Education to help eligible children who are in need of early intervention services; and

Whereas, Look What I Can Do is a public awareness campaign designed to educate families, policymakers, health care and child care professionals about the importance of reaching children early with the services essential to their growth and development; and

Whereas, this campaign emphasizes the importance of early intervention for young children and is a coordinated effort at both the state and local levels to create a unified message;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 1997 as *EARLY INTERVENTION MONTH* and April 1-7, 1997, as *LOOK WHAT I CAN DO WEEK* in Illinois.

Issued by the Governor March 21, 1997.

Filed by the Secretary of State April 11, 1997.

97-142

AIDS CARE NETWORK DAY

Whereas, the mission of AIDS Care Network is to provide all persons affected by the HIV epidemic with confidential and professional support, education and case management; and

Whereas, since 1988, AIDS Care Network has offered its services to people infected with and affected by HIV or AIDS; and

Whereas, the AIDS Care Network coordinates direct client services, public awareness events and fundraising projects; and

Whereas, staff and volunteers at the AIDS Care Network provide information to health care providers, businesses, organizations and the general public on how to respond to the needs of people affected by HIV and AIDS;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 5, 1997, as *AIDS CARE NETWORK DAY* in Illinois.

Issued by the Governor March 20, 1997.

Filed by the Secretary of State April 11, 1997.

97-143

DEKALB COUNTY SOIL AND WATER CONSERVATION DISTRICT DAY

Whereas, the DeKalb County Soil and Water Conservation District was formed on January 6, 1947, and celebrated its 50th anniversary this past January; and

Whereas, the DeKalb County Soil and Water District has been influential in the conservation movement of the area, implementing a "Dedication to Conservation Through Education Program," watershed programs, no-till demonstrations and local landuse involvement; and

Whereas, the DeKalb County Soil and Water District is currently served by

Directors Nicholas Moore, Robert Moore, Robert Tutt, J.M. Cronin, Ralph Boeshch and Richard Bend, Administrative Coordinator Corinne Maly, Resource Conservationist Duane Bloemker and District Conservationist Michael Richolson; Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 3, 1997, as DEKALB COUNTY SOIL AND WATER CONSERVATION DISTRICT DAY in Illinois. Issued by the Governor March 20, 1997. Filed by the Secretary of State April 11, 1997.

97-144

ASSYRIAN NEW YEAR DAY

Whereas, on April 1, 1997, the first day of Nissan, 6,747 B.C., the Assyrian community will celebrate their New Year of revival and renewal of nature; and

Whereas, the color green will dominate the New Year festivities, as it symbolizes new life; and

Whereas, John Khamis, the Midwest Regional Director for the Assyrian American National Federation and Assyrian American New Year Committee, has planned many days of cultural activities to mark this New Year, including the Assyrian New Year Parade and Banquet; and

Whereas, the Assyrian New Year Parade will be held Sunday, April 6, 1997, on King Sargon Boulevard in Chicago, Illinois, with Mr. Sargon Lewie acting as the 1997 Chairman of the Parade; and

Whereas, the Mesopotamian Museum will co-sponsor a cultural exhibit with Governor Jim Edgar in the James R. Thompson Center; and

Whereas, the Assyrian community has made significant contributions in all areas including education, medicine, science, business, arts, government and public service; and

Whereas, the Assyrian New Year is one of the most important religious and celebrated holidays of the Assyrian community;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 1, 1997, as ASSYRIAN NEW YEAR DAY in Illinois.

Issued by the Governor March 21, 1997.
Filed by the Secretary of State April 11, 1997.

97-145

CALL BEFORE YOU DIG MONTH

Whereas, each year in Illinois, many lives are endangered, money and time wasted, and property destroyed because people fail to have underground facilities located prior to digging, blasting, boring, or otherwise disturbing the earth's surface; and

Whereas, Illinois' notification services, Joint Utility Locating Information for Excavators (JULIE), which covers all of Illinois except Chicago, and Chicago's Digger offer a free service to help the general public and professional excavators obtain information on the location of underground cables and mains; and

Whereas, since digging near underground facilities can be hazardous, JULIE and Digger agencies work to increase public awareness about the importance of calling before digging; and

Whereas, these educational efforts increase worker and public safety, prevent damage to underground facilities, and ensure the continuity of utility

and communications services; and

Whereas, JULIE and Digger provide a convenient means for anyone involved in excavation to ensure their personal safety and comply with Illinois common law regarding excavation;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 1997 as CALL BEFORE YOU DIG MONTH in Illinois.

Issued by the Governor March 21, 1997.

Filed by the Secretary of State April 11, 1997.

97-146

SERGEANT ROLANDO MATOS RECOGNIZED

Whereas, Illinois State Police Sergeant Rolando Matos stopped a driver on a state highway for driving under the influence on December 10, 1995; and

Whereas, the driver resisted arrest, and in the ensuing struggle, Sergeant Matos and the man fell onto the highway; and

Whereas, two young passersby noticed the struggle and stopped to see if they could help; and

Whereas, Sergeant Matos believed another approaching vehicle was a backup officer coming to his aid, but the two young adults who had stopped to help warned Matos that it was a speeding vehicle directly in his path; and

Whereas, Sergeant Matos acted quickly to pull the man away from the roadway, saving both their lives. Both men were struck by the car, injuring Sergeant Matos and badly injuring the other man; and

Whereas, Sergeant Matos has recovered from his injuries and returned to his duties at the Illinois State Police;

Therefore, I, Jim Edgar, Governor of the State of Illinois, recognize the heroic actions of Sergeant Rolando Matos on December 10, 1995.

Issued by the Governor March 21, 1997.

Filed by the Secretary of State April 11, 1997.

97-147

TUFTONIA'S WEEK

Whereas, Tufts University, founded in 1852, is devoted to scholarship of the highest order and teaching of exacting quality; and

Whereas, Tufts University, comprising the College of Arts and Sciences, Jackson College, College of Engineering, Boston School of Occupational Therapy, Graduate School, School of Medicine, School of Dental Medicine, Sackler School of Biomedical Sciences, School of Nutrition, School of Veterinary Medicine, and Fletcher School of Law and Diplomacy, has educated 969 residents of the State of Illinois who contribute to the economic and cultural life of the region; and

Whereas, TuftServe is an initiative of the Tufts University Office of Alumni Relations to celebrate alumni leadership and engagement in myriad forms of volunteer community service; and

Whereas, Tufts University and its graduates throughout the world are celebrating the 13th Anniversary of Tuftonia's Week, a time to thank Tufts and to reflect honor on Tufts through alumni participation in TuftServe;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 14-18, 1997, as TUFTONIA'S WEEK in Illinois.

Issued by the Governor March 21, 1997.

Filed by the Secretary of State April 11, 1997.

97-148

ALICE AND MAYNARD THURLBY CONGRATULATED

Whereas, Alice Charleston was born in 1918 in Sheridan, Illinois; and
 Whereas, Maynard Thurlby was born in 1916 in Kirkland, Illinois; and
 Whereas, Alice and Maynard were married April 7, 1947; and
 Whereas, Mr. and Mrs. Thurlby are the parents of four children, Maynard Jr., Ellen, Betty and Robert; and

Whereas, Mr. and Mrs. Thurlby are the grandparents of Kevin, Jeremy, Desiree, Mark, Anna, Jason, Alysa and Nathaniel; and
 Whereas, Alice and Maynard Thurlby will be celebrating their 50th wedding anniversary;

Therefore, I, Jim Edgar, Governor of the State of Illinois, extend best wishes and sincere congratulations to Alice and Maynard on reaching this milestone.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-149

ALZHEIMER'S DISEASE

Whereas, Alzheimer's disease affects more than four million Americans, including nearly 200,000 in the State of Illinois, and the incidence of this degenerative brain disease will double in 25 years unless a means of prevention is found; and

Whereas, Alzheimer's disease not only affects the patient, but the whole family as well, in terms of numerous physical, emotional, financial and spiritual challenges; and

Whereas, it is important for family caregivers to keep up their strength and courage in the face of adversity in order to meet the daily needs of their loved ones; and

Whereas, a growing number of healthcare and social service professionals are engaged in developing better programs of care for patients and families affected by the disease; and

Whereas, in May 1997, the Illinois Department on Aging and the Illinois Department of Public Health will host two major conferences on Alzheimer's disease -- the Second Annual Conference on Alzheimer's Disease and Related Disorders, co-sponsored by the SIU School of Medicine to be held in Springfield, and also the Tenth Annual Conference of the Rush Alzheimer's Disease Center to be held in Chicago;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 6, 1997, as ALZHEIMER'S DISEASE AWARENESS DAY in Illinois.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-150

AMERICAN POW RECOGNITION DAY

Whereas, many loyal and brave Americans who served in the wars of this nation were captured by the enemy or listed as missing in action; and

Whereas, American prisoners of war have often suffered unconscionable treatment despite international codes on the subject, and many have died as a

result of cruel and inhumane acts by their enemy captors; and
 Whereas, it is fitting that we recognize the sacrifices of American Prisoners of War and those missing in action;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 9, 1997, as AMERICAN POW RECOGNITION DAY in Illinois and call upon Illinoisans to observe the day with appropriate ceremonies and programs so that the memory of those brave Americans will not be lost.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-151

DAYS OF REMEMBRANCE OF THE VICTIMS OF THE HOLOCAUST

Whereas, the Holocaust was the state sponsored, systematic persecution and annihilation of European Jewry by Nazi Germany and its collaborators between 1933 and 1945; and

Whereas, Jews were the primary victims--six million were murdered--while many others were also targeted for destruction or decimation for racial, ethnic or national reasons; and

Whereas, 1997 marks the 51st anniversary of the International Military Tribunal's trial at Nuremberg of 22 major Nazi leaders, and the continuation of subsequent military tribunals at Nuremberg as well as in other Allied-occupied sectors of Germany, to try additional Nazi criminals; and

Whereas, the charter for the Nuremberg Trials established, for the first time in international law, that crimes against humanity as well as crimes against peace and war crimes were punishable, thus making the individuals who were responsible for promulgating government policies that resulted in aggressive war and genocide accountable for their actions; and

Whereas, Americans recognize that, in addition to the need for international law to provide judicial accountability for crimes against humanity, each citizen is responsible for eternal vigilance against all tyranny;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 4-10, 1997, as DAYS OF REMEMBRANCE OF THE VICTIMS OF THE HOLOCAUST and urge all citizens to collectively and individually strive to overcome bigotry, hatred and indifference through learning, tolerance and remembrance.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-152

HANDS WITHOUT GUNS DAY

Whereas, Jim Wine of 2pm Multimedia and Josh Horwitz of the Education Fund to End Gun Violence founded Hands WITHOUT Guns in the Summer of 1992; and

Whereas, Mr. Wine and Mr. Horwitz implemented the program in Boston, Massachusetts, in May 1995 and Washington, D.C., in November 1995. Mr. Kweisi Dunlap, Jr. implemented the Chicago headquarters on August 17, 1996; and

Whereas, the primary objectives of Hands WITHOUT Guns are preventing gun violence through education, listening to young people and promoting young people's events; and

Whereas, all programs and services that encourage and support the observance of Hands WITHOUT Guns are noteworthy and worthwhile; and

Whereas, Hands WITHOUT Guns Day will be observed in Illinois through a series of lectures, exhibits, poetry readings and other special events on April 4, 1997;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 4, 1997, as *HANDS WITHOUT GUNS DAY* in Illinois.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-153

MERRI DEE DAY

Whereas, Merri Dee has been a Chicago treasure for more than 25 years, working in the radio and television industries, including WGN-TV, since 1972; and

Whereas, Merri Dee received the Lifetime Achievement Award from the Chicago Academy of Television Arts and Sciences in 1996, in honor of her 25 plus years in the Chicago television and radio industries; and

Whereas, she is just as well known for her extensive charity work and commitment to social service in her community; and

Whereas, the involvement of Merri Dee and WGN-TV in charitable projects involving the welfare of children who are awaiting adoption has increased the number of adoptions in Illinois by more than 50 percent; and

Whereas, "Athletes for a Better Education" is a Chicago-based organization that Merri Dee co-founded to work with high school athletes and their parents, coaches, educators and other sports representatives; and

Whereas, Merri Dee has served as a long-time host for the United Negro College Fund Telethon, Easter Seals Telethon and Bud Blikken Parade; and

Whereas, Merri Dee has survived in the face of great adversity, recovering from gun shot wounds to the head when she and a television guest were kidnapped from a television station. She rallied from the experience and lobbied for the passage of Illinois' first Victims Bills of Rights. Merri travels around the country to tell others how "A Victim Becomes a Survivor;" and

Whereas, Chicago Women Connecting (CWC) works on issues relevant to women and will host "A Merri Celebration" on March 27, 1997, where Merri Dee will receive a Lifetime Achievement Award from the CWC, in recognition of her many accomplishments;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 27, 1997, as *MERRI DEE DAY* in Illinois.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-154

ULCER DISEASE EDUCATION AWARENESS YEAR

Whereas, for many years, stress and diet were believed to be the cause of ulcer disease. After extensive research into ulcer disease, the primary cause was found to be the bacterium *Helicobacter pylori* (H. pylori); and

Whereas, ulcers caused by H. pylori cost Illinois government, citizens and businesses significant amounts of money in direct medical costs as well as absenteeism and loss of productivity; and

Whereas, there is a need to educate and provide information to all Illinois citizens on these important medical facts related to the treatment and

cure of ulcer disease; and

Whereas, employers, healthcare providers and organizations throughout the state seek to educate citizens affected by ulcer disease about major advancements in treatment options;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim 1997 as *ULCER DISEASE EDUCATION AWARENESS YEAR* in Illinois.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-155

WEEK WITHOUT VIOLENCE

Whereas, Springfield Southeast High School students are working together to halt the spread of violence across our community; and

Whereas, these students are planning a "Week Without Violence" to focus on the problems of violence and to teach solutions to violence; and

Whereas, planned activities will focus on solutions to dating violence, family violence, gang violence and violence in our language; and

Whereas, students will sign a school pledge of nonviolence and will participate in a candlelight vigil to honor people who have lost their lives due to violence; and

Whereas, violence in our streets has too often spilled into our classrooms, and we must do all we can to stop it. I commend the student body of Springfield Southeast High School for the important activities planned this week to address the problems of violence in our society. You are making your school and your community a better place for all of us;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 7-11, 1997, as *WEEK WITHOUT VIOLENCE* in Illinois and commend the students of Springfield Southeast High School for their efforts to address the effects of violence.

Issued by the Governor March 24, 1997.

Filed by the Secretary of State April 11, 1997.

97-156

LOGISTICS MONTH

Whereas, the Council of Logistics Management, founded in 1963, and its later-founded affiliate, the Chicago Roundtable, are nonprofit educational organizations that promote the logistics process in our state and our nation; and

Whereas, the council defines logistics as the process of planning, implementing, and controlling the efficient, cost-effective flow and storage of raw materials, in-process inventory, finished goods, and related information from point of origin to point of consumption for the purpose of conforming to customer requirements; and

Whereas, logistics processes contribute to the economic well-being of Illinois, boosting economic growth and business; and

Whereas, the council is observing April 1997 as Logistics Month to promote the understanding of the art and science of logistics;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 1997 as *LOGISTICS MONTH* in Illinois.

Issued by the Governor March 26, 1997.

Filed by the Secretary of State April 11, 1997.

97-157

POWER TEAM DAYS

Whereas, the best method to combat drugs is education; and
Whereas, the "Power Team" is an organization dedicated to promoting an anti-drug message to young people; and

Whereas, the "Power Team" has traveled throughout the country, as well as foreign nations, bringing their exhibition of power, strength, speed, inspiration and motivation; and

Whereas, the "Power Team" will be visiting Eisenhower High School in Decatur, Illinois, to encourage young people to stay drug-free;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 2-6, 1997, as **POWER TEAM DAYS** in Illinois.

Issued by the Governor March 26, 1997.

Filed by the Secretary of State April 11, 1997.

97-158

QUAD CITY CPCU DAY

Whereas, the Society of Chartered Property-Casualty Underwriters (CPCU) challenges members of the insurance community to high levels of professionalism through continuing education and ethical standards; and

Whereas, the Quad City Chapter of the CPCU was founded on January 1, 1972, and currently has more than 100 members; and

Whereas, the Quad City Chapter of the CPCU has members representing diverse insurance interests, including CEO's, agents, underwriters, claims personnel, attorneys, accountants, information systems and retirees, all of whom are dedicated to serving the public and the property and casualty insurance industry in a competent and ethical manner; and

Whereas, the Quad City Chapter of the CPCU is celebrating its 25th anniversary this year;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 17, 1997, as **QUAD CITY CPCU DAY** in Illinois.

Issued by the Governor March 26, 1997.

Filed by the Secretary of State April 11, 1997.

97-159

BETA SIGMA PHI WEEK

Whereas, Beta Sigma Phi is a women's organization that includes 250,000 members in 12,500 chapters located in over 23 countries, with chapters in all states of the United States; and

Whereas, Beta Sigma Phi is a service, cultural and social organization that has raised money for and donated time to numerous charitable, health and cultural organizations; and

Whereas, the Greek symbols Beta Sigma Phi, which comprise the badge of the organization, signify life, learning and friendship; and

Whereas, Springfield chapters of Beta Sigma Phi have made numerous contributions to the community, including volunteering at Sojourn House and Big Brother Big Sister, donating to Breast Cancer Research and Friends in Deed; and

Whereas, Springfield chapters will celebrate Beta Sigma Phi Week April 23-30, 1997, with activities culminating on April 30 at a formal dinner;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 23-30, 1997, as **BETA SIGMA PHI WEEK** in Illinois.

Issued by the Governor March 27, 1997.

Filed by the Secretary of State April 11, 1997.

97-160

BIELARUSIAN AMERICAN COMMUNITY COMMENDED

Whereas, the Belarusian American Community has contributed to Illinois for more than 100 years in all areas of society, including education, medicine, engineering, the arts and business; and

Whereas, March 25, 1997, was the 79th anniversary of the Declaration of Independence of Belarus; and

Whereas, there will be several events to celebrate this momentous occasion, including a commemorative banquet and program at the Belarusian Religious and Cultural Center, sponsored by the Belarusian Coordinating Committee of Chicago; and

Whereas, the Belarusian American National Council is sponsoring a banquet, concert and a program including historical observation essays at the St. George Belarusian Orthodox Church;

Therefore, I, Jim Edgar, Governor of the State of Illinois, commend the Belarusian American Community for carrying on their rich heritage and culture.

Issued by the Governor March 27, 1997.

Filed by the Secretary of State April 11, 1997.

97-161

VET CENTER APPRECIATION DAY

Whereas, Illinois' veterans have always been the first to volunteer in their country's defense and have brought great honor upon themselves, their state and their nation; and

Whereas, our state is privileged to have distinguished Vet Centers that provide readjustment counseling services, community education and outreach programs and brokering services with community agencies to our returning war veterans while also providing a key access link between the veteran and other services in the U.S. Department of Veterans Affairs; and

Whereas, the United States Department of Veterans Affairs Vet Centers have been places of valued expertise and treatment of post-traumatic stress disorder suffered by war veterans and victims of sexual abuse; and

Whereas, Vet Centers have long enjoyed a tradition of providing a continuum of quality care that adds individual value and personal fulfillment to the lives of veterans, their families and the communities of Illinois; and

Whereas, it is appropriate that we set aside a day to recognize the invaluable services provided by the dedicated professionals who treat our nation's heroes;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 27, 1997, as **VET CENTER APPRECIATION DAY** in Illinois.

Issued by the Governor March 27, 1997.

Filed by the Secretary of State April 11, 1997.

97-162

WEEK OF THE HIGH RISK CHILD

Whereas, the week of May 19-23, 1997, is being highlighted as the "Week of the High Risk Child -- 1997," and

Whereas, the purpose of the week is to identify populations at risk, to motivate teens and develop their leadership potential, to inform parents and move them toward self-sufficiency, to improve networking, coordination, and communication among human service agencies and professionals serving children, and to advocate for quality prevention and follow-up services for youth; and

Whereas, the Children and Adolescents Forum and Beatrice Caffrey Youth Services, Inc. are the non-profit co-sponsors of the week and have served children for more than 60 years;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 19-23, 1997, as **WEEK OF THE HIGH RISK CHILD** in Illinois.

Issued by the Governor March 27, 1997.

Filed by the Secretary of State April 11, 1997.

97-163

KAPPA ALPHA PSI DAYS

Whereas, Kappa Alpha Psi is a national college Greek-letter organization; and

Whereas, the fraternity was founded in 1911 for the purpose of combating the social distance commonly experienced by Blacks at institutions of higher learning throughout America; and

Whereas, from the beginning, the members of the organization have striven to achieve adherence to college objectives, career accomplishments and purposeful community participation; and

Whereas, the fraternity, which has a membership in excess of 70,000, will celebrate its 86th anniversary in 1997;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 3-6, 1997, as **KAPPA ALPHA PSI DAYS** in Illinois, and on behalf of the citizens of this state, I commend it for its fine achievements.

Issued by the Governor March 28, 1997.

Filed by the Secretary of State April 11, 1997.

97-164

MATTHEW BLANKENSHIP RECOGNIZED

Whereas, on April 19, 1996, Matthew Blankenship was driving westbound on U.S. 50 in southern Illinois when he observed a mother and her three children fleeing their mobile home to seek refuge from a tornado in a nearby ditch; and

Whereas, Mr. Blankenship saw the youngest child, a nine-year-old boy, run onto the road into the path of an oncoming tornado; and

Whereas, Mr. Blankenship stopped his semi-truck and immediately went to the boy's rescue, carrying the child back to his truck; and

Whereas, Mr. Blankenship and the child were in the truck only a few seconds before the tornado blew past, tossing the semi onto its side; and

Whereas, Mr. Blankenship risked his own life to save someone else's, and his quick thinking and selfless actions saved the child's life;

Therefore, I, Jim Edgar, Governor of the State of Illinois, recognize the

heroic actions of Matthew Blankenship on April 19, 1996.

Issued by the Governor March 28, 1997.

Filed by the Secretary of State April 11, 1997.

97-165

NEVER WORRY ALONE COMMUNITY WALK DAY

Whereas, Nicole Duenow, a student at the University of Illinois at Chicago, was diagnosed with breast cancer; and

Whereas, Jacqueline Jones, a student at the University of Illinois at Chicago, recognized the need for a support group and scholarship for students at the University affected by breast cancer; and

Whereas, breast cancer is the second leading major cause of death in women, and in 1996, 44,300 women and 260 men died from breast cancer, and many more were diagnosed; and

Whereas, the Jacqueline & Nicole Breast Cancer Scholarship, a University of Illinois at Chicago student organization, was founded for purposes of peer support, education and financial assistance for students who need support with breast cancer diagnosis and the diagnostic process; and

Whereas, the Jacqueline & Nicole Breast Cancer Scholarship Organization is encouraging support from the campus community and the surrounding neighborhoods through a community walk emphasizing a healthy lifestyle; and

Whereas, Never Worry Alone Community Walk, supporting the Jacqueline & Nicole Breast Cancer Scholarship, is an annual student self-help fundraising effort to assist students dealing with breast cancer issues who want to continue their education;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 27, 1997, as **NEVER WORRY ALONE COMMUNITY WALK DAY** in Illinois in support of the Jacqueline & Nicole Breast Cancer Scholarship.

Issued by the Governor March 28, 1997.

Filed by the Secretary of State April 11, 1997.

97-166

OMEGA PSI PHI FRATERNITY WEEK

Whereas, Omega Psi Phi Fraternity, Inc. was founded at Howard University in Washington, D.C., on November 17, 1911; and

Whereas, Omega Psi Phi Fraternity is a non-profit organization with chapters all over the world; and

Whereas, during the past 85 years, Omega Psi Phi Fraternity has served as a non-profit service organization dedicated to community development, academic excellence and the social development of youth; and

Whereas, the Omega Nu Chapter of Omega Psi Phi Fraternity, Inc. of Springfield, Illinois, will host its 60th Annual 10th District Meeting from April 17-21, 1997, at the Springfield Hilton Hotel; and

Whereas, civic-minded members of the business community in Illinois, Indiana, Michigan, Minnesota and Wisconsin make up the 10th District;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 17-21, 1997, as **OMEGA PSI PHI FRATERNITY WEEK** in Illinois.

Issued by the Governor March 28, 1997.

Filed by the Secretary of State April 11, 1997.

97-167

**ORDER SONS OF ITALY/ALZHEIMER'S ASSOCIATION
"PARTNERS IN PROGRESS DAY"**

Whereas, the Order Sons of Italy in America is the largest organization of Americans of Italian descent; and

Whereas, the Order seeks to preserve and share Italy's rich cultural heritage with all Americans; and

Whereas, the Order Sons of Italy in America is actively involved in community, charitable, educational, cultural, social, youth and civic activities; and

Whereas, the Supreme Council of the Order Sons of Italy in America has approved one of its primary charitable causes as Alzheimer's Disease; and

Whereas, on May 31, 1997, the Order is initiating a "coin drop" campaign throughout Illinois and local chapters across the nation to raise funds to help the 2.5 million people affected by this debilitating disease;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 31, 1997, as **ORDER SONS OF ITALY / ALZHEIMER'S ASSOCIATION "PARTNERS IN PROGRESS" DAY** in Illinois.

Issued by the Governor March 28, 1997.

Filed by the Secretary of State April 11, 1997.

97-168

AUDUBON MONTH

Whereas, the Illinois Audubon Society, named after the great 19th century ornithologist and artist, is celebrating 100 years of service to protect and conserve the natural environment in Illinois; and

Whereas, originally formed in 1897 for the purpose of protecting our wild birds, the goals of the Society have widened to include the preservation of habitat for all Illinois wildlife, as well as the restoration of native prairie and other habitats, and the continued education of young people and the general public; and

Whereas, the Society is active in conservation issues throughout Illinois and provides a strong voice whenever wildlife or natural communities are threatened; and

Whereas, the Illinois Audubon Society owns and manages several sanctuaries in the state which are dedicated to wildlife preservation and environmental education. These sanctuaries demonstrate how private groups can perform a valuable public service by protecting natural areas for all Illinois citizens;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 1997 as **AUDUBON MONTH** in Illinois in appreciation of their past 100 years of service to the citizens of the state and in the belief that the next 100 years will be of equal quality.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

97-169

HADASSAH DAYS

Whereas, Hadassah is the largest volunteer organization in America, with programs of medical research, youth education, and land reclamation that

benefit all mankind; and

Whereas, following the vision of Henrietta Szold, the Hadassah experience 3,000 delegates arriving from all over the United States and Puerto Rico; and

Whereas, the anniversary of Hadassah is a time for celebration and remembrance, as well as an opportunity to look forward to a future of exciting accomplishment;

Therefore, I, Jim Edgar, Governor of Illinois, congratulate Hadassah and its past and future leaders, as you celebrate your 85th Anniversary and proclaim July 13-16, 1997, as **HADASSAH DAYS** in Illinois.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

97-170

HUMAN SERVICES WEEK

Whereas, a disability, whether physical or mental, does not mean the end of a person's productive life; and

Whereas, human service organizations are available to help Illinois citizens adapt to new methods of achieving productive and fulfilling lives; and

Whereas, the many support services within a human service organization provide the assistance necessary to help persons with disabilities achieve self-sufficiency; and

Whereas, dedicated, professional individuals provide a foundation for citizens to achieve their goals;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 7-13, 1997, as **HUMAN SERVICES WEEK** in Illinois and commend these organizations, their staff and volunteers for their dedication that benefits all the citizens of this state.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

97-171

JOLIET FEDERATION OF MUSICIANS DAY

Whereas, the Joliet Federation of Musicians was chartered on February 2, 1897, and was named "Musicians Protective Union;" and

Whereas, the Joliet Federation of Musicians has performed as a community service at nursing homes on numerous occasions; and

Whereas, the Joliet Federation of Musicians will celebrate its 100th anniversary April 8, 1997, at Di Nolfo's Banquet Hall in Mokena; and

Whereas, the anniversary banquet will honor past and present musicians who have performed at many types of events, including parades, political and labor events, and city and park concerts;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 8, 1997, as **JOLIET FEDERATION OF MUSICIANS DAY** in Illinois.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

97-172

RP AWARENESS DAY

Whereas, Retinitis Pigmentosa (RP) is the largest source of

internally-caused blindness and deaf-blindness in the world; and

Whereas, RP is a hereditary blinding eye disease, affecting more than 500,000 people in the United States, at least 25,000 of whom live in Illinois; and

Whereas, to help combat Retinitis Pigmentosa and allied retinal degenerative diseases, The Foundation Fighting Blindness seeks to raise public awareness and the continued strong support of scientific research for the betterment of the hundreds of thousands of people who are afflicted by this disease; and

Whereas, the RP Celebrity Golf Classic will be held May 19, 1997, to raise funds and awareness in the fight against RP;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 19, 1997, as *RP AWARENESS DAY* in Illinois.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

97-173

MOTORCYCLE AWARENESS MONTH

Whereas, Illinois is a national leader in motorcycle education; and

Whereas, the Illinois Department of Transportation has been conducting the Illinois Cycle Rider Safety Training Program since 1976; and

Whereas, the program is supported by state motorcycle registration fees and has been responsible for training more than 136,000 cyclists; and

Whereas, there is a need to enhance public awareness of the increased presence of motorcyclists on our roadways;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 1997 as *MOTORCYCLE AWARENESS MONTH* in Illinois.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

97-174

**THE MEDICAL ASSISTANT - A PROFESSIONAL TREASURE
WEEK/MEDICAL ASSISTANTS WEEK**

Whereas, the health of all our citizens is directly affected by the many professional medical assistants who support and assist physicians in rendering life-saving services; and

Whereas, many medical assistants seek to maintain the highest standards of professional excellence by taking advantage of educational programs offered by professional organizations such as the American Association of Medical Assistants. This involvement ensures that our citizens receive the best medical care possible; and

Whereas, we should commend the dedication of those in medical fields who seek to upgrade their profession and improve their careers as valuable members of medical teams;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 21-27, 1997, as *THE MEDICAL ASSISTANT - A PROFESSIONAL TREASURE WEEK* in Illinois in honor of the Illinois Society of Medical Assistants' 41st Annual Convention and proclaim October 12-18, 1997, as *MEDICAL ASSISTANTS WEEK* in Illinois.

Issued by the Governor March 31, 1997.

Filed by the Secretary of State April 11, 1997.

Rules acted upon during the quarter of April 1 through June 30, 1997 (Issues 17-28) are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 4401 published in Issue 40 will be listed as 50-4401-2. The letter "R" designates a rule that is being repealed. The quarterly Sections Affected Index and Cumulative Index will be published in Issue 29 (July 15); Issue 42 (October 17); and Issue 3 (January 16, 1998). Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us (Internet address).

PROPOSED

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40-371-17
77-920-17
77-925-17
86-495-17
89-301-17
92-1040-17

ADOPTED

2-951-17
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EMERGENCY

47-370R-17
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